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Nurses and the Physical Education Program

By Ethel Perrin

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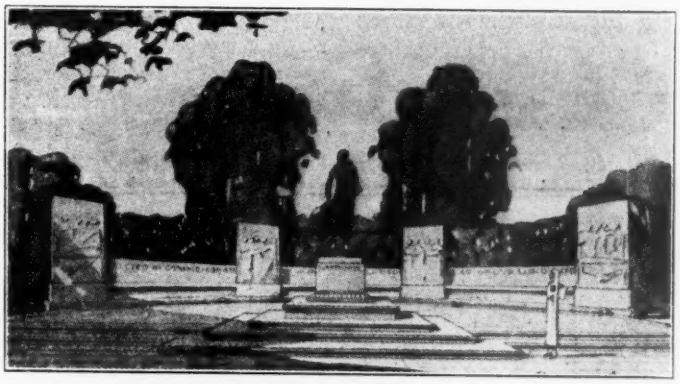


Sketch for the Jane Delano Memorial by Gertrude V. Whitney

WE ARE not trying to emulate legendary November skies in calling attention this month to that November day in 1918 which ended the bitter years of the great war. It is rather because it has been suggested to us that memory is sometimes a good and strengthening process—that we all too easily forget that which is seemingly unforgettable. We will leave to each of our readers her own special memories and experiences of war and Armistice Day, and only print in this number one or two of our small human efforts to immortalize in imperishable stone and bronze the gallant lives and deeds of some of those who gave all that they had, "even life itself," in the day of need. It is of significance to us all to hear that the last words of Edith Cavell, "Patriotism is not enough. I must have no hatred or bitterness for anyone," are to be inscribed upon the monument erected to her memory in London.

The golden figure which tops the great granite shaft of the First Division Memorial Monument dedicated in Washington in October, 1924.

We hope that the proposed memorial to Miss Delano, the money for which has been contributed by nurses from all parts of the states, will before long be one of the most beautiful and appealing of the monuments in beautiful Washington.

NEW METHODS IN THE TREATMENT OF TUBERCULOSIS*

By Alice E. Stewart
Superintendent, Tuberculosis League, Pittsburgh, Pa.

MANY years ago, the great Pasteur told us: "It is within the power of man to cause all germ diseases to disappear from the earth." This was in the nature of a prophecy, for at the time it was uttered disease was still widely regarded as the visitation of a just God upon a sinful world, and the modern science of preventive medicine was yet unborn. The awakening of public consciousness to effort along health lines, and the resulting decline in death rates from the infectious diseases, have proved his statement.

As you know, tuberculosis deaths have shared this downward trend; the rate per 100,000 for the United States registration area in 1913 was 147.9 for all forms of tuberculosis, and 97.0 in 1923, showing a decline in ten years of 50.9 per 100,000. Although this is a great reduction, the disease is still taking an enormous toll, not from the old, who have passed the period of usefulness, but from those between the ages of fifteen and forty-five, the most productive years. Last year, the Metropolitan Life Insurance Company still found it their leading cause of death with respect to claim disbursements and paid out for tuberculosis $7,750,000 in claims. This is a large sum, but is just a fraction of what these needlessly sacrificed lives cost the nation.

Needlessly sacrificed! That is the point which Pasteur brought out, and which I am attempting to bring home to all of you. Since tuberculosis is preventable, why do we yearly lose thousands of our most valuable citizens? Where is the weak link in our armor and how can we repair it? Lawrason Brown, in his annual address last year to the National Tuberculosis Association, gives us the clue when he tells us that it is very doubtful whether we have succeeded in reducing in a striking degree the number of individuals who have tubercle bacilli in their bodies; he says it is not difficult to see why this is so, for each careless patient must infect a large number of other individuals. To quote Dr. Brown further: "Primary infection in America is most dangerous in babyhood, and superinfection during the age of greatest strain, from the fifteenth to the twenty-fifth year. The opportunities for infection and superinfection can be seen when in New York it is found that only 26 per cent of the patients were in institutions and 74 per cent of the known cases remained at home." The Framingham experiment goes a step farther and shows us that probably one-half of all our active cases are undetected, and hence not under any control whatever.

Getting the Nurse ready to Act as Preventive Agent

These opportunities for infection of which Dr. Brown speaks, then, exist in the homes. Now, as you are well aware, the nurse is our agent for getting into these homes; a large share of the responsibility for checking the spread of preventable diseases, particularly tuberculosis, rests upon the public health nurse. Tuberculosis infection is prevalent to-day because of past ignorance and carelessness; but additional tuberculous infection and tuberculous disease (the terms are not synonymous) need never develop if the nurse be educated in the measures of prevention, and if enough of such nurses be available to put those measures into practice among the people.

It has been repeatedly stated, and statistics bear out the contention, that a tuberculosis hospital or sanatorium

*Given at the meeting of the Tuberculosis Nursing Section, Biennial National Nursing Convention, Detroit, Michigan, June 19, 1924.

is the safest place to live in order to avoid infection. The reasons are obvious; here sanitary precautions are routinely observed, all tuberculous discharges and all objects that have been in contact with them, are burned, boiled, or thoroughly disinfected, but above all the patient is taught to be careful of his cough and sputum. Now, if an institution containing from fifty to five hundred active open cases of tuberculosis can be made such a safe place, the public health nurses should see to it that all the homes they visit be made equally safe. If you are visiting an open case, that is, one in which the tubercle bacillus is demonstrable in the sputum or in other discharges (such as the urine, feces, or pus from a cold abscess or from a suppurating gland or joint) it is a mistake to wait until the case is over to clean up the home, but the strictest sanitary measures should be enforced from the start.

If the public health nurse does her duty, a child born of a tuberculous mother need not develop the disease. The baby should be separated as much as possible from the mother, the mother should not nurse it herself, nor should she kiss it or lean over it, as the risk of infection is too great. The child will probably be a little delicate, and should have its food watched, its rest periods and its play carefully regulated, all physical defects corrected, but none of these things will be different from the making of any other healthy child.

Checking the Spread of Infection

There are countless ways in which the nurse can check the spread of tuberculous infection. If, for example, she is in charge of a case of bone or gland tuberculosis in a child, she should search for the cause. Is the milk supply good? Is there a father who has "chronic bronchitis," or an old grandmother who has "coughing spells," or perhaps a sickly nursemaid? When a known case of tuberculosis dies, the nurse should see that all the contacts are examined and instructed how to live. Another point, and one often overlooked, is that all children should be observed closely after any of the infectious diseases, because tuberculous infection frequently becomes tuberculous disease after the resistance has been lowered by whooping-cough, measles, scarlet fever, etc. If recovery is delayed, the child should be examined immediately, and arrangements made to provide the care necessary to bring him back to health.

One thing is plain: we cannot have tuberculous infection without the tubercle bacillus. The bacillus is a parasite that lives on human lives. It cannot *multiply* outside the bodies of human beings unless it be kept at the temperature of human blood (as in laboratories for experimental purposes), but it can *live* for months under favorable conditions of dirt, dust, dark and dampness. If the nurses would see that all the discharges from every case of tuberculosis were burned or disinfected, and if all milk were pasteurized, dangerous universal infection with the tubercle bacillus would be minimized.

How shall we destroy the tubercle bacillus? Heat, and our old friend the sun, remain our surest ways. All experts agree as to their efficacy, and unfortunately this, together with the fact that the bacillus was discovered by Koch in 1882, are about the only two things upon which they do agree! In considering new methods in tuberculosis, we must be sure of our authority; it would be well for nurses to read regularly such dependable publications as the *Journal of the Outdoor Life*, and the *American Review of Tuberculosis*.

Fumigation, Pro and Con

I was led into this side issue of being sure of one's authority by the question of fumigation, which I have been asked by your Chairman to discuss. In connection with this paper, I wrote to various cities (and to certain prominent individuals doing excellent public health work), to inquire whether they employed fumigation or not, and their reasons *pro* and *con*. I shall quote a few of these:

Dr. Louis I. Harris, Director of New York City Department of Health, said:

> We never employ fumigation of premises after tuberculosis. When a case moves from a certain address, or dies, the premises are inspected at the earliest possible date thereafter, and if the condition of the walls and ceilings indicates the need of repainting, repapering, or kalsomining, instructions to that effect are issued, and if need be compliance is enforced through legal action.

The Department of Health of Toronto follows a similar procedure.

Dr. Goler, Health Officer of Rochester, N. Y., writes:

> We consider it unnecessary to fumigate after any disease.

Formalin fumigation is employed at Saranac Lake. In his letter, Dr. Baldwin quoted his method of fumigation, which is too long for inclusion in this paper. I shall be very glad to give it to anyone upon request. He concludes his letter by saying:

> While we do not have any delusion as to what fumigation accomplishes, we yet feel that in a health resort with strangers coming and going it is very desirable to allay the fear of infection and to have a definite control over the small sanatoria and boarding houses which otherwise would be difficult. Following fumigation the room should remain closed for at least six hours, when soap and water cleaning are in order for all furniture, walls and floor.

Dr. Allen Krause, for whose opinions I entertain the highest respect, wrote me:

> I consider it *necessary* to fumigate surroundings that are plainly contaminated by visibly careless patients, and *desirable* to fumigate when it is not so plain that patients have been careless. I should advise that the sick-room be refinished, that is, that the walls, floors and trim be given new coats of their accustomed covering. I also think it well to emphasize the great virtue of prolonged exposure of rooms to direct and brilliant sunlight.

The consensus of these opinions, therefore, is that the only type of fumigation which has any value is formalin fumigation, but the practice in general is of doubtful efficacy, as it gives a false sense of security; it does not secure deep penetration in a badly infected room. Cleansing with soap and water, exposure to sunlight for forty-eight hours, and refinishing the premises by scraping the walls, repapering and repainting, is a safer method of procedure.

Now to arrive at the subject assigned me and the substance of this talk.

In the absence of a specific, the three greatest medicines we have at our command for the treatment of tuberculosis are rest, food and fresh air. Fresh air formerly held first place, but experience has proven that rest is the most important factor. The reason for this is evident when we consider the nature of the disease and how recovery takes place.

The minute dots of disease scattered through the lung have been compared to the tiny specks which first occur in an unsound apple. Those dots contain the germs or tubercle bacilli which give off poisons to weaken the body. The body at once tries to wall off and imprison the germs by forming scar tissue about them. This tissue is at first extremely delicate, more like a spider-web in strength than like a thread. So slight an exertion as a deep breath, or raising the arms above the head, may break this delicate scar tissue and allow the bacilli to escape, when they will form new foci of disease and necessitate so many new walls of scar tissue. Recovery, therefore, results from allowing the scar tissue to develop in perfect rest, so that the germs and their poisons are imprisoned behind a wall, and the tubercle bacilli finally die of starvation.

The physician will prescribe the amount of rest necessary for the individual case; with any fever, complete rest in bed is indicated. Rest is also very beneficial in the early stages, when tuberculosis is first discovered; six weeks in bed at this time, although the patient may feel quite well, and though there be little or no elevation of temperature, may mean a saving of many months or years on the road to recovery.

Overfeeding in the treatment of tuberculosis is no longer practiced; injudicious stuffing with large quantities of milk and eggs has hastened the death of many in years gone by. The digestive organs are weakened by the absorption of toxins given out by the tubercle bacilli, and should not be taxed beyond their powers. A sufficient quantity of well-prepared and nourishing food is essential to recovery.

The stimulating effects of fresh air are too well known to require discussion before this group.

With rest, good food and fresh air as our foundation, we shall now consider some of the newer methods of treatment, artificial pneumothorax, heliotherapy, and chemotherapy.

Artificial Pneumothorax

Artificial pneumothorax, first urged by James Carson of Liverpool in 1821, was taken up by Forlanini in 1888 and independently by J. B. Murphy of Chicago in 1898. It did not come into general use until after Forlanini published his series of twenty-five cases in 1906, when it spread to all civilized countries. And after all, artificial pneumothorax is but an extension of our rest treatment; it is putting the lung in a splint of air.

You will recall that there is a space between the lung and the chest wall called the pleural cavity. Artificial pneumothorax is the introduction of air into that space on the affected side, pushing the lung away from the chest and thus limiting its movements.

Also, by compressing the lung, induced pneumothorax empties it of its contents, pus, cheesy material, infected mucous and inflammatory matter rich with other germs, in a manner which has been compared to the squeezing of dirty water from a sponge. This emptying is accomplished by the cough and copious expectoration which follows close upon the heels of the induction of a pneumothorax. Soon thereafter cough and expectoration diminish and practically disappear. The speedy loss of symptoms such as fever, night sweats, weakness, etc., caused by the absorption into the circulation of this infected material is often very striking.

Pneumothorax requires a careful selection of cases; it can not be used routinely because of the possible involvement of both lungs. By collapsing the diseased lung, additional work is thrown upon the opposite one, and if the latter has any marked disease involvement the added work will cause the disease to spread, for the same reason that rest will cause the other lung to heal. Out of the routine cases coming under dispensary supervision, only 5 to 10 per cent are favorable for artificial pneumothorax.

Pneumothorax is often of very great value in combating obstinate hemorrhage. We attempt to do the same in the lung as the surgeon does with a tuberculous bone infection when it is fixed for an indefinite period in a plaster cast. Complete fixation in the chest as by a plaster cast is not possible, but by the injection of a non-irritating substance into the pleural cavity, the lung can be compressed and splinted with air, and its movements very much restricted. This gives it a better chance to heal, as it permits the formation of scar tissue about the infected areas. The lung is in constant motion; it moves 12,000 times in twenty-four hours; if this constant motion is not checked there would be as little hope of scar tissue formation as of a person who cut his finger and continued to move the cut part, opening and closing the cut thousands of times a day.

Special apparatus is required to carry out this treatment; it is better to do it in an institution, but it can be done in the patient's home or in the physician's office. On account of the technical skill required, lack of which involves great danger to the patient, only a man who thoroughly understands the work should attempt it. The greatest aseptic precautions are necessary in dealing with the pleural cavity, as pleural fluid makes an ideal medium for growing all sorts of bacteria. If any sepsis gets in, the patient may develop pleurisy, empyema, and other dangerous complications.

The nurse's part is the thorough sterilization of all instruments before using, and the sterilization of the skin of the patient at the point of puncture. Every precaution you would use for any major operation should be seen to. The area is desensitized with novocain, a sterile needle is introduced through the chest wall, and for ordinary treatment purposes 50 c.c. to 300 c.c. of air is given every few days until the lung is collapsed. In the first treatment it is advisable to let the patient rest fifteen to twenty minutes on the table before getting up; the nurse should watch for any appearance of collapse from so-called pleural shock, or any untoward symptoms, such as shortness of breath, which may not come on for several hours after treatment. In case of shock apply the usual remedies, heat aromatic spirits of ammonia, etc. Many of the cases coming for treatment are ambulatory, and are able to go home afterwards; these should be followed up in their homes by the tuberculosis nurse or public health nurse.

When pneumothorax is used to control hemorrhage, enough air should be introduced to stop the bleeding; this procedure is exactly like putting pressure on any bleeding vessel in the body.

Lawrason Brown believes that in the future artificial pneumothorax will be considered earlier, that is, in the early and moderately advanced cases which are beginning to go down hill. This seems to be the thought of other leaders also, that patients should be given the opportunity that pneumothorax offers, not as a last chance, but at the first sign that they are not doing well on the ordinary sanatorium routine.

Heliotherapy

Heliotherapy, by which we mean the treatment of disease by exposure to the direct rays of the sun, is a very old treatment, some say older than civilization. The cave men tried to get caves facing east or south, apparently for hygienic reasons. The Egyptians wrote of heliotherapy, the Greeks and Romans practiced it. It sank into disuse during the middle ages, and was apparently forgotten until 1774 when Faure reported to the French Royal Academy of Medicine his observations on "The use of heat from sunlight in the treatment of ulcers." At varying intervals other reports along this line were published; the Lyons school of surgeons took up the matter and began treating their tuberculous cases with heliotherapy. In 1899, when Finsen published his work on the violet and ultra-violet ray, the importance of this work was better understood. Rollier opened at Leysin, Switzerland, the first clinic "for the systematized heliotherapy of surgical tuberculosis" in 1903. His results have been so dramatic and have received so much publicity that he has won many followers, and radical surgical operations are no longer given primary consideration.

The best results are unquestionably those obtained in the treatment of bone and gland cases. There is some doubt in the minds of the medical profession as to whether heliotherapy is beneficial for pulmonary tuberculosis, as there are dangers attending the overexposure of cases with pulmonary involvement to sunlight.

Dangers in Use of Heliotherapy Not Scientifically Administered

Air and sun baths should be taken gradually. With the publication in lay magazines of the marvels of sun treatment, my attention has been directed to certain consumptives who take it upon themselves to sit for indefinite periods exposed to the direct rays of the sun, and of some misguided nurses who tell any tuberculous cases with whom they come in contact that they should "get out into the sunlight." This is extremely dangerous advice, and may mean the reactivation of a quiescent lesion, many years of care to undo the damage caused, or even the death of the unfortunate being to whom this well-meant advice is given. Let me tell you how cautiously Rollier, the greatest exponent of the cure, proceeds. On arrival, the patient is subjected to a thorough physical examination, including his nervous system, heart, kidneys, etc. In the Alps, and

the same would be true of any mountain resort, the patient is first allowed to become thoroughly used to the high altitude before any sort of treatment is attempted. Some persons show symptoms of general excitement for several days. After a period of from two days to two weeks, the patient should begin fresh-air treatment. For this, the windows of his room are gradually opened a little each day, increasing the opening on succeeding days; after a time the large French windows onto the balcony are opened during the warmest part of the day for a few hours, and later they should be left open day and night. The patient's bed is first wheeled out onto the porch on a fine day for a quarter to half an hour, increased slowly to a whole day. "The tuberculous lesion also takes part in this acclimatization," says Rollier, "and is exposed to the air *but not to the sun*, for a few minutes each day." Then after several weeks of this cautious preparation, actual sun baths are begun. To quote Rollier, "The duration of isolation increases by a few minutes each day, first exposing the feet, then the legs, then the thighs, the abdomen, the thorax, keeping the head covered with a simple linen hat." The eyes are protected with dark glasses. Where there is cardiac disease, a white cloth should be placed over the cardiac region.

Heliotherapy should only be applied by a physician, or one who thoroughly understands its principles. No nurse should advise it for any reason without a doctor's sanction. The effect on the patient should be carefully noted. The temperature should be taken fifteen minutes after treatment, and any rise reported to the physician, who will probably cut down the dose, and if the temperature persists, will discontinue the treatment. The mid-day hours should be avoided; in summer, the early morning, before the air is overheated, is best. Direct sunlight is necessary; Rollier states that those of his patients who were treated on glass-inclosed porches failed to improve. Persons who pigment readily are more quickly benefited by the treatment; with poor pigmentation the prognosis is doubtful. When thoroughly tanned, patients can be accustomed to exposure in extreme weather; we are all familiar with the pictures of little naked brown children in Rollier's clinics playing in the snow.

In Europe, the sun treatment is often given at seaside sanatoria, together with salt water baths. Good results have been secured at Alton, England, at Berck, France, and in this country. Dr. Krause states in a recent article that we are at present at the threshold of more exact knowledge of the influence of sunlight on tuberculosis; that the existing empirical observations are encouraging, but lack real scientific standing.

Artificial light therapy, though sometimes employed alone, is usually used in changeable climates to replace the sun on dark days, thus continuing the treatment unbroken. The Alpine sun lamp and other types are employed, but with some exceptions these have not proved as efficacious as the direct rays of the sun.

Tuberculin

Tuberculin is our nearest approach to a specific. Since 1890, when Koch presented it to the scientific world, there have been countless experimenters with many variations of this bacillary filtrate. The treatment was widely heralded as a cure, but bitter disappointment in many quarters followed its use, and the numerous failures and grave dangers accompanying the treatment caused it to be discontinued as a therapeutic agent by many doctors, though it is retained everywhere as a valuable diagnostic aid. It is clinically diagnostic in children under five years of age, and probably decreases in value as one approaches adult life. As to Koch's claim that it conferred immunity, this, says Dr. Krause, has now been entirely disproven.

The British Medical Research Council, an eminent body of scientists, has recently investigated the work of Dr. Camac Wilkinson, who is one of the most enthusiastic supporters of tuber-

culin therapy at the present time; the Council states that

> Analysis of the figures furnishes little justification for the claim that by this tuberculin method of treatment the lives of patients are prolonged to a far greater extent than by other methods of tuberculosis treatment.

However, Trudeau Sanatorium, Loomis Sanatorium, and other authorities still use it in selected cases with good results.

Mr. Spahlinger's "complete serum" and Dreyer's vaccine have received much newspaper publicity lately; marvelous results are claimed for both, but neither has been in use long enough to have stood the test of time, and it seems likely that they will go the way of all other widely-heralded "cures." Scientific opinion in this country is against them both at the present time, as they are following lines tried and discarded by previous experimenters. However, it is well to keep an open mind, for the unexpected often happens in the scientific world.

Chemotherapy

As to chemotherapy, which is the treatment of disease by chemicals or drugs, a review of the literature shows a wealth of experiments going on all over the world; no chemical has so far cured any of the experimental animals employed, but some have apparently prolonged their lives, prevented emaciation, and limited the disease, so that the treated animals showed far less advanced tuberculosis than the untreated. The apparent success of chaulmoogra oil in leprosy has given renewed encouragement to research work in tuberculosis chemotherapy.

In Review

In reviewing the field of so-called new treatments, there is not one which is specific and upon which we can place our entire confidence, saying to our patients, "Do this, and you will be cured." We can only recommend rest, good food and fresh air; pneumothorax is but an extension of rest, and heliotherapy of the fresh-air cure. So that all our energies at present should be bent upon prevention, for prevention is our weapon to use if we will, and it is the professional duty of every nurse to employ it and preach it on all occasions. Over two hundred years ago, another great Frenchman, Descartes, said: "If the human race is ever brought to a reasonable degree of perfection it will be done by preventive medicine." Education is the big thing in tuberculosis or in any other public health problem, and the nurse is the supreme educational hope for the health of future generations.

CHILD LABOR PLANKS IN THE PARTY PLATFORMS

Coolidge, Davis or LaFollette—whichever one is to spend the next four years in the White House—are pledged by the platforms of their parties to support the Child Labor Amendment to the Constitution, according to the *Child Welfare News Summary*.

Republican Platform

"We commend Congress for . . . its prompt adoption of the recommendation of President Coolidge for a constitutional amendment authorizing Congress to legislate on the subject of child labor and we urge the prompt consideration of that amendment by the legislatures of the various states."

Democratic Platform

"We pledge the party to coöperate with the state governments for the welfare, education and protection of child life and all necessary safeguards against exhaustive, debilitating employment conditions of women. Without the votes of Democratic members of the Congress the child labor amendment would not have been submitted for ratification."

Platforms of Senator LaFollette and of the Conference for Progressive Political Action
(Identical with regard to child labor)

"We favor prompt ratification of the child labor amendment and subsequent enactment of a federal law to protect children in industry."

Monument erected to Edith Cavell in Norwich, her birthplace. She is buried near the beautiful Norwich Cathedral

A writer in the English *Evening Standard* describes the monument to Edith Cavell at the Tir National on the outskirts of Brussels:—"On the spot where the chair rested is a slab of white stone. In this stone are sunk four brass discs, each about the size of a penny. They project about a quarter of an inch above the stone, and they mark the ends of the four legs of the wooden chair on which Miss Cavell sat when she was shot. It is one of the most extraordinary monuments in the world, and certainly one of the most effective—and affecting. It seems to re-create that early morning scene most vividly."

The plot in Arlington Cemetery set apart for the nurses of the Army, Navy, and Red Cross Miss Delano's monument is in the center foreground.

Fades the light; and afar goeth day. Cometh night; and a star leadeth all to their rest.
The words of the Army "Taps"

PUBLICITY AS AN ESSENTIAL IN A PUBLIC HEALTH PROGRAM*

By Calvert Lewis Estill
Staff Correspondent of the Wheeling, W. Va., *Intelligencer*

MY ONLY qualification as a speaker on the part that publicity must play in the successful public health program is that I am a newspaper worker and am in complete sympathy with the promotional aims of the state department of health, with which I am somewhat familiar. Before entering into a discussion of publicity, it would be well to consider a few of the many reasons why each of you should be interested in this subject.

Since health is a matter of concern to each individual, as well as to citizens in the mass, it is necessary that each individual be sold on the idea of improving the standard of general health. It is necessary, therefore, to convince the individual of the merits of any program designed for the raising of that standard so that he will associate himself with other individuals thinking along the same lines and thus bring about group action.

Since the starting point for your program is the individual, how are you going to reach him? You can reach each citizen through personal contact, of course, but never in sufficient numbers to carry out a really big movement. You must, therefore, depend on publicity to educate the masses to the point where they are ready to cooperate with you in your public health program. The objection may be raised that all the members of this association are not public health workers; nevertheless you are all publicity agents, consciously or unconsciously preaching the gospel of better health.

The present decade has witnessed a great movement directed toward preventing sickness. To-day, we have entered upon still another period: we are actually trying to promote good health. A community is no better than its general health. A people below par physically will likewise probably be below par mentally, morally and economically. Since we are interested not simply in curing people after they become sick, not simply in preventing them from becoming sick, but in actually making them healthier and happier, we must gain the full cooperation of the public in our public health work. That coöperation cannot be obtained unless you educate the individual to think as you do about health.

The battle against typhoid fever in many cities would probably never have been won had it not been for public instruction. The fight against tuberculosis would be a losing one if it were not for publicity. Printer's ink has remedied a multitude of ills and will remedy more. If you would be of the greatest service to mankind—and that is the motive that actuates your profession—become publicity agents for the promotion of public health.

What Is Publicity?

Now just what is publicity? In the sense in which it is of use to you in carrying out programs for public health promotion, publicity is simply advertising or making public groups of facts with the intention of influencing the public mind. Publicity is simply the use of spoken or written words, or illustrations, or figures, so directed and controlled as to bring about a desired definite result. We shall deal almost entirely with written publicity and its relation to the newspaper.

There is nothing new about publicity. It is as old as history. A Persian king, retreating with his

* Read at the Annual Meeting of the West Virginia State Nurses' Association, September 25–27.

troops in disorder before a hostile army, left in his path cut into the rocks boasts of his prowess and threats against his enemy if he were followed further. So efficacious was this scheme that the pursuit was abandoned. Propaganda did the work where force of arms had failed.

Two Illustrations

Not long after the war, I began work on a newspaper in a small city in one of our neighboring states. This city, with a population of some ten thousand, was only slightly higher than sea level and within the municipal limits were dozens of ponds and pools filled, most of the time, with stagnant water. In 1920 there were more cases of malarial fever among those ten thousand inhabitants than there were in all the rest of the state combined, with its population of a million and a half.

State health officials made a survey of conditions and recommended that the ponds be drained, the weeds along the banks cut, and the streams that fed the pools oiled. The city engineer was asked to report on the cost of carrying out these recommendations. He estimated the cost but in his report included the dogmatic statement that the stagnant ponds had nothing to do with the prevalence of fever in the city and that it was utter nonsense to suppose a mosquito could carry the disease. City council acted on his advice and the situation remained as bad as before.

For a year the report of the health officials was kept from the general public while pressure was brought to bear on the city fathers to make them carry out its recommendations; but they were obdurate. When the second spring rolled around and it became evident that the municipal authorities intended to do nothing, our newspaper took up the fight and published, among other pertinent articles, the full report of the health department.

The Chamber of Commerce at once let out a howl: business was injured, industry was damaged, real estate was suffering because manufacturers could not be interested in local sites on account of the low standard of community health. This complaint had some small basis in fact, for one or two factories were moved to healthier locations. It wasn't the newspaper, however, which made them move; it was the menacing condition to which the newspaper pointed.

We next went to work on an economic survey which showed how much time employees had lost from work, how much in dollars and cents they had been paid while they were not working, and how much of their absence from work was due to malaria. Then we figured the total amount of money paid out in wages but unearned because of preventable illnesses. This amount, which represented a clear loss to the employers, would have drained the swamps and oiled the streams many times over. When those facts were published, we got action in a hurry. So far as malaria goes now, that city is healthier than ever before in its history.

These illustrations show not only the power of publicity but prove it can be directed to bring about a desired definite result. Like water from a hose, publicity can be directed at a given objective and its effects generally predetermined. Like a stream of water used in placer mining, there is a good deal of waste; but eventually the golden nuggets are uncovered.

This waste so far as publicity is concerned, is chiefly the fault of the American people. They read but do not heed. Often they must be reached not consciously but unconsciously. Merchants keep hammering until the brain involuntarily registers the message. We could cut the cost of living materially if we would read the advertisements carefully so that they could deliver their message without costly repetition. But since the American people read as they do, you must, in your publicity, repeat your idea and keep repeating it if you want it to get over.

From another angle, publicity is just an attempt to sell an idea to the pub-

lic; consequently, it must follow the rules of scientific salesmanship. Your publicity will fail of its purpose unless it:

Attracts the attention of the reader;
Then gains his confidence;
Educates him as to what it is all about;
Rouses his desire to act in conformity with your wishes;
And finally makes him act.

Practical Application

To apply these principles practically:

Start your article so that it will immediately attract attention;
Gain the reader's confidence by connecting your idea, which may be new to him, with something he already knows about;
Follow this with a description of its merits;
Then appeal to him in such a way as to arouse his desire and make this so strong that he will be compelled to act as you suggest.

You will probably experience some difficulty in finding the proper appeal. Your job in selling your services to the superintendent of a hospital or selling your health program to your community differs only in what it has to offer from the job of the salesman trying to persuade the corner grocer to use his line of canned goods. You have got to find the weak spot in your prospect's armor and make your appeal strike him there.

In putting across a program for public health, you can appeal to civic pride to have unsightly, unsanitary spots cleaned up, to take care of the indigent sick, to support public hospitals, to provide recreation parks for adults and playgrounds for children. You can appeal to the well-to-do person by convincing him that proper attention to health will bring him added happiness, and to the poor man by proving that good health will enable him to earn more money and so live more comfortably. You can reach children by appealing to their imagination, by stressing their instinct for play, and by inspiring friendly rivalry and competition between individuals and groups. You can reach the average adult by pointing the way to increased savings accounts by preventing costly illnesses. You can use these and a hundred other appeals to reach the people singly or as a whole. Find the right appeal and your publicity will strike home.

Make your publicity absolutely sincere. Never depart from the truth, no matter what may be at stake. Exaggerations always come home to roost.

Before you prepare publicity, know exactly what it is intended for, exactly what you hope to accomplish by it—then drive straight for your objective. Publicity without purpose is like a ship without a rudder.

Use the language of the people for whom your message is intended. Don't use technical terms unless they are commonly understood or unless you explain them. Your language will naturally depend on the group of society you want to reach. An article prepared for school teachers would not make good general reading. Publicity directed to children would have little interest for the average grown-up. Stories written to appeal to the miner would probably be passed over by the farmer. Stick within the limits of the average vocabulary of the group you are addressing. Reason along the plane of average intelligence, but be careful not to insult the intelligence of your reader by underestimating his ability to understand. There's always a safe middle course; find it!

The medium you use for your publicity must also be carefully considered with respect to the group you wish to reach. But in this case you have a definite trail blazed for you by the national advertisers of the country. The manufacturer of farming machinery doesn't find his market through the advertising pages of the *Smart Set* magazine, but through the farm journals. The firm that sells air rifles may appeal to parents through adults' magazines, but it reaches the boy himself through the *Youth's Companion*. A little study of the subject will show you the right medium to use. In general, for your work, you will find that the newspapers are your best

medium, and that the old reliable county weekly is the best vehicle to carry your message to the people who live outside the cities.

Pep and Personality

Where it is possible, vitalize your publicity by making it deal with real people. Nothing interests us so much as our neighbor. Fill your stories with human interest. Don't moralize, don't preach. Your story will do that if it is told right. Pound pep and personality into every word. Make every sentence pertinent to the purpose in view. Average publicity differs from the ordinary news story in that it seeks to instruct rather than inform; you must, therefore, aid your reader to draw the right conclusions. Don't be dogmatic in this; give your facts in such a way that the conclusion you wish drawn will logically and naturally be reached.

So far, I have stressed the use of the newspaper as the best medium for your publicity. Of course, you can get your message to the public by the use of pamphlets, letters, posters, pictures, paid advertisements, the radio—and dozens of other ways; but in the long run, the newspaper reaches more people in a shorter time at less cost than does any other medium.

To be a successful publicist, get acquainted with the publisher in your community on a human basis, not in a merely official capacity. Remember that you are both interested in the same thing: the individual. He is your common meeting ground. Don't make your relations with the editor one-sided. He serves you when he publishes your educational material. Reciprocate this service by telling him all the news you hear. Talk over your problems with him, and give him your implicit confidence. He is competent to give you sound advice about many things. Furthermore, your discussion of these problems will help him to understand them better, and when you need assistance he will be in a position to give it to you.

We have already climbed far in our fifty years of professional existence. Vision, faith, patience, determination, were in the hearts of our pioneers. They have left us a great heritage. It is for us so to use our opportunities for combined usefulness as to leave for those who will follow us a heritage yet greater. We may not hope to accomplish this without a vital organization which reaches down into our hearts and makes them throb with a mighty aspiration. If we accomplish even the beginning of such organized power, no task need affright us. When we remember the limited area of our first vision—bedside care for all the sick—and see the extended fields of usefulness which to-day stretch out before us, surely we may press forward with eager faith to a solution of our problems, no matter how intricate. Let us then climb the heights and search out the farthest possible horizon. And as we look upon the vast territory which we have chosen to occupy, let us determine through our combined labors to clear it all for useful cultivation, to develop its fruitfulness for service to mankind, and to make it increasingly beautiful by our devotion to the smallest of its daily needs. In order to attain our ideals, let each individual determine to-day to associate herself with her own nursing group; and let us as a professional body determine to set ourselves to the task of establishing a system of education, adequate for our purposes and one that promises the creation of an army, each branch of which will be able to meet its own specialized demands and the whole of which is ready for any task imposed.

From "Broad Horizons"—an address given by Agnes D. Randolph, R.N., at the West Virginia State Graduate Nurses Association, September 26, 1924.

Reports of the Annual Meetings of the American Child Health Association, the American Public Health Association, the National Social Hygiene Association and other annual meetings will appear in the December number.

NURSES AND THE PHYSICAL EDUCATION PROGRAM

By Ethel Perrin

Associate Director of Health Education Division, American Child Health Association

SINCE physical activity is so important a phase of the health education program, the nurse cannot afford to be ignorant of the essentials of adequate physical education. Indeed, so much depends on the proper direction of the school child's physical activities that there are certain facts which doctors, teachers, mothers, as well as nurses, need to have clearly written on the tablets of their minds.

By physical education I refer now to the activity play program of the schools. A definite separation between mental and physical training was formerly made. Some people still think that play is one thing and education quite another, in spite of the efforts that have been directed against this erroneous conception. It is unscientific to think of education on the one hand as contrasted with physical education and play on the other hand. All educators are now convinced that education would be better off if there were more play in it, and that play would be better off if it were more educational. These two are interdependent.

It is historical that physical education did not get into the school program on its own merits. Educators originally agreed to let physical education into their curriculum because they were persuaded that the child could study better if he were put through a scientifically prepared set of exercises during a certain short period set aside from the precious school hours.

To-day we realize that this psychology is wrong. Physical education now stands on its own merits. We recognize that it is just as educational as geography and history with this distinction—that it educates a different side of the being.

The physical activity program which first gained an entry into the schools consisted almost solely of Swedish and German systems of drills and formal gymnastics. The discipline, the spectacular show, the very formality of the formal gymnastics appealed to the educators of yesterday much more than a program of play could have done. Now these artificial programs have largely given place to the play program.

Play had its own way—and no easy one—to make in education. When play was first advocated, it was impeded by three attitudes of mind: asceticism, scholasticism and Puritanism. These prejudices had to be overcome before at last a play activities program edged its way into the education system.

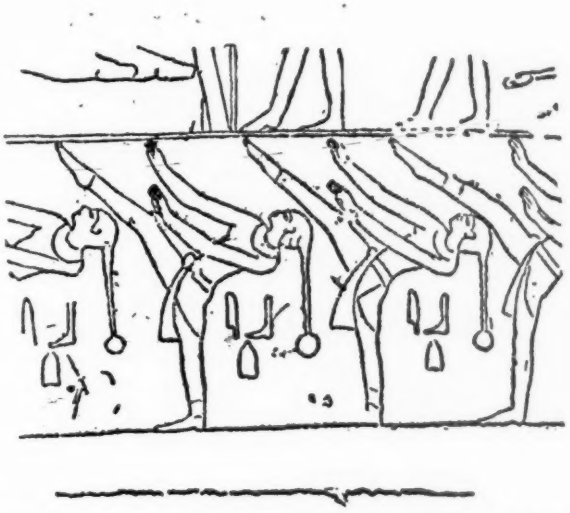
Effect of Muscle Activity

It is not difficult for a nurse to realize how essential big muscle activity is for the proper growth of children, because all development is the result of use. Activity and use are the only means of education.

Exercise stimulates the circulatory, respiratory, excretory and digestive activities, strengthens the heart and develops the muscles. Development of the abdominal muscles is especially necessary for the maintenance of upright posture, and this is essential for the best position and functions of the abdominal and pelvic organs. Furthermore, rational exercise brings about increased neural activity and neuromuscular control. This develops skill, accuracy, endurance, agility and strength.

Play and Social Development

Equally important with the physiological benefits of big muscle activity is its benefit to the social development of the individual. This is sometimes termed *health in personality*. Team games, for example, contribute to personality by developing social, mental, physical and the emotional assets. The social assets include coöperation, courage, sportsmanship, leadership and loyalty. Under the physical assets may be listed motor control, muscular strength, vigor, endurance. Among the mental assets which are encouraged by team games are initiative, originality, resourcefulness, ability to form quick and accurate judgments and ability to respond to command. The emotional assets include enthusiasm, control of excitement and control of temper.



A Primitive Egyptian Dance—From a Very Ancient Rock Sculpture

Types of Activities

This much of the physiology of exercises and its social values the nurse should know. She should know, too, the types of activities which contribute to the child's physical and social well-being.

The physical education activities of a well-planned school program should fall into the following groups:

1. Athletics, including team games, track and field.
2. Ability tests.
3. Dancing (folk, gymnastic, natural, and rhythmic play).
4. Games.
5. Gymnastics, including formal, natural, story plays, posture training, individual corrective exercises and apparatus.
6. Stunts.

These types do not all make the same contributions to physiological and social development. Generally speaking, games, sports and athletics are the best type of exercise, from the physiological, the health and the personality points of view.

The school nurse should know what type of physical education is being offered in the school which she visits. She and the physical education teacher should be strong allies. This can only be if the nurse has an intelligent interest in the physical education program. Her goal and that of the physical education teacher are the same—the health and well-being of the child. Accordingly, each one must work in harmony with the other. Teachers of physical education sometimes feel that nurses are afraid of action and think mainly of rest. But children develop only through action, and pro-

vided they are normal, they should have a generous share of activity. Even when the child is physically below normal a limited activity program should usually be planned.

On the other hand, there are some short-sighted physical education teachers who see no need for rest or nutrition in connection with their physical education program. When the nurse comes in contact with such a teacher, she should use all of her tact and diplomacy to get the teacher to understand that exercise, important though it is, is after all but one rule of the health game.

Providing Activities for Special Children

It is not uncommon to find a child who has been set at some mental task in the school room while the rest of the class is playing out of doors. This is usually because he is either temporarily or permanently barred from play by the physician. Such children should be given something to do on the playground, such as umpiring a game or holding a tape measure or a stop watch. Or perhaps they might with benefit lie on their backs in a quiet spot in the fresh air. It should be the responsibility of the nurse to make this decision and to help find or manufacture such a place for rest. If the district or school in which she works is sufficiently far sighted to have made provision for the care of its postural cases through the physical education department, the nurse has a rare opportunity to assist. Many of these cases are so closely connected with poor home conditions, especially with nutrition, and it is so often impossible to say which is the cause and which the effect, that only when remedial efforts are used upon the whole health program can we hope to secure any satisfying results. The physical education teacher does not have the natural entry to the home that the nurse has, nor has she the time during school hours to make these visits. Here is a direct tie-up with the type of work which always has been in the nurse's field—individual case work with the home follow-up.

The nurse who understands the essentials of a proper physical education program can often be of inestimable service in pointing out insufficiencies in programs she meets with, and in paving the way for the institution of adequate systems of exercise and play.

If her work takes her to a rural district where there is no physical education teacher, or if she meets a teacher who is still adhering to the old formal gymnastic program, she can often help put a play program into the school. She can only do this provided she herself recognizes the importance and educational value of play from all angles.

Making Play Activities Democratic

Life experiences are the things that teach. Habits and doing count, not preachments. Children need experiences. They need to be put into games and made to decide for themselves whether to jump to the right or to the left, to pass the ball or to throw for goal, to catch the ball or to make way for some team mate who is in a better position to score. There can be no question of the educational value of this type of exercise over and above that of formal gymnastics where decisions are imposed upon the child, where commands are given for movements that are artificial and meaningless.

Play activities in a well thought out physical education program must be based on the child's interest, education, development and enjoyment. They must not be instituted for the benefit of spectators, which is the system upon which professional athletics thrives. This is the trap into which many ama-

teur athletics are falling. Team games should be played for the joy and benefits of the playing and not for the pleasure and applause of an audience. Play activities should be democratic. The time and experience of the physical education director should not be devoted exclusively to the coaching and supervising of a few choice teams or the making and breaking of records by the super athletes. There should be activities and equal opportunities for every pupil in the school.

The program for girls should not be neglected as it is in so many schools. Too often the girls are permitted to use the limited school equipment only when the boys' teams are busy elsewhere. True democracy in physical education and the welfare of girl students demands an equal sharing between boys and girls of time, equipment and supervision and any other opportunities afforded by the school.

It is generally considered that children of elementary grades require from four to five hours of exercise throughout the day and that boys and girls of high school age need from two to three hours a day. Since the school day provides only a portion of the time needed for play activity, it is essential that the school physical education program shall be of the type which will be carried over by the children into their afterschool play. It should train the children in the right use of their leisure time. If this is to be accomplished, the activities suggested and emphasized in the school play periods must be adaptable to the afterschool environment. Play activities requiring a well-laid floor and gymnasium apparatus are not suited to outside use. For this reason, the physical education teacher has the responsibility for teaching out-of-door games, sports and other activities that can be carried on alone or in small groups after school hours.

The whole country is awake to the need for popular training for a healthy use of leisure time. On May 22, 1924, the National Conference on Outdoor Recreation was held in Washington. In the opening address, President Coolidge declared, "We should stimulate every possible interest in out-of-door health giving recreation." The nurse can aid and abet the physical education teacher in seeing that the school play activities take the children out of doors as much as possible. She has already become associated in the child's mind with health instruction. Her next step is to enter the child's play life.

In her health teaching, she can make use of the child's ambition to accomplish and excel. The clever nurse can prove to the child that health habits mean greater physical accomplishments and that the child who lives according to the rules of the health game has a better chance of throwing farther or jumping higher than the child who disregards health habits.

The nurse who is ready to accept her share of responsibility for the play activities program need not have had a course in physical education. There are many books which give valuable information concerning natural activity programs.

These include descriptions of games, athletics, stunts and dances. The four books listed below will prove especially helpful.

Suggested Bibliography

School Program in Physical Education—Clark W. Hetherington, World Book Company.

Games for the Playground, Home, School and Gymnasium—Jessie F. Bancroft, The Macmillan Company, New York.

Health by Stunts—N. H. Pearl and H. E. Brown, The Macmillan Company, New York.

Health Education, A Program for Public Schools and Teacher Training Institutions. (A Report of the Joint Committee of the National Education Association and the American Medical Association.)

Health in Play—American Child Health Association.

THE NURSE'S PART IN THE CONTROL OF CANCER*

By William F. Wild, M.D.
Field Representative of The American Society for the Control of Cancer

THE subject of the control of cancer is to-day, more than ever, a question of vital and paramount importance, not that the disease is assuming a more virulent form, not particularly because there is some actual increase in the death rate, but because we are appreciating more and more that cancer presents a most serious problem and one which represents an economic drain on society.

As we pass the milestones of life, finally a point is reached where experience has been gained and a position reached which should make us competent to impart knowledge to others. We have passed the period of childhood with its vexatious problems attending education; we have passed the period of adolescence when the problems of the world have "lain heavily upon our shoulders"; we have passed the period when our entry into the business world was new and novel, and have reached the age when our accumulated experience has put us in a position to be an asset in the economic life of the community in which we live. It is curious to observe that when we have reached this age we have also entered upon the period of life in which cancer is most likely to develop.

The American Society for the Control of Cancer is primarily an educational organization; and, while it is true we are also interested in the prolongation of life and the amelioration of the suffering of incurable cases, and while we devote a share of our efforts to increase existing facilities for these purposes, nevertheless, our principal aim is to educate people to realize that in early recognition, and in immediate and proper treatment, lies the hope of cure.

It is known that practically all cancers of the skin can be cured if detected and properly treated in the beginning; and yet in 1921, in the registration area of the United States exclusive of Hawaii, there were 2,433 deaths from this cause—and the registration area embraced only 82.3 per cent of the total estimated population of the United States and the Territory of Hawaii. Had all deaths in 1921 from cancer of the skin been prevented, it would have reduced the cancer death rate in the United States approximately 3 per cent. The chances for cure are not limited to skin cancers, but this is an illustration of what education can accomplish.

The Nurse's Part in This Movement

The nurse's part in the control of cancer may be summarized as follows:

1. Making herself a reliable source of authentic information with respect to the prevention, recognition, and treatment of cancer.
2. Detecting early cases which would otherwise escape recognition until they had passed to an incurable stage.
3. Exerting an intelligent influence upon those who have cancer in its early and curable stages, and inducing them to seek immediate, competent treatment.
4. Exerting, through her enlightened intelligence, an influence against the operations of quacks and other incompetent persons who but add to the plight of cancer patients.
5. Having constantly in mind the following facts:
   a. Any continual irritation, particularly in the mouth, such as may be caused by the use of tobacco, or by jagged teeth or poorly fitting plates, may lead to cancer.
   b. A lump in the breast may or may not be cancer. In either event it is something abnormal and, being such, demands immediate investigation.
   c. An unusual discharge. If a woman is forty years of age, or more, a periodic examination once a year by a thoroughly qualified physician is desirable. Particu-

*Read at the Annual Meeting of the New York State Nursing Organizations, Syracuse, N. Y., Oct. 30, 1924.

larly is this important if, after the menopause, a discharge again occurs.

d. A bloody discharge from the rectum or bladder should be regarded as possibly due to cancer.

e. Indigestion that cannot be satisfactorily explained may be cancer.

f. A sore on the face, or in the mouth, or anywhere on the skin that does not readily heal—that is, heal when kept clean, and this within two or three weeks—should be investigated by a competent physician.

g. A wart or mole which changes in size or appearance should arouse suspicion. The patient should be urged to go at once to a good doctor and ascertain the cause.

Fallacies Regarding Cancer

In assisting in the fight against cancer, the nurse is called upon not only to put right ideas into people's minds, but perhaps just as frequently to remove wrong ideas; hence it is well to remember some of the fallacies one is likely to encounter. These include the following:

1. Cancer is not itself inheritable. If the mother or father has cancer, the offspring will not of necessity either at birth have, or in later life develop, the disease. In those families in which cancer is uncommonly prevalent, there may be inherited a predisposition to develop the disease.
2. Cancer is not a blood disease. The richness or poorness, thickness or thinness, or other conditions of the blood have nothing to do with cancer.
3. Cancers are not pulled out by the roots, for the reason that they have no roots. Some things are really impossible, and this is one of them.
4. Ointments and pastes are to be left alone. It is to be remembered that cancer presents an extremely scientific problem and requires the best possible expert advice.
5. Many people have an unreasoning fear of what they call "the knife," and this prevents them from seeking the proper surgical treatment when they should have it. They do not know what scientific surgery is accomplishing every day. They do not realize the good that it does in great hospitals throughout the country and in the practice of innumerable physicians. They have no appreciation of the number of lives which it saves, the suffering which it alleviates, and the disabilities which it corrects.
6. It is common for people to hold wrong ideas about radium and X-rays. They mistakenly suppose that some peculiar curative value lies in them because of their seemingly mysterious character. The nurse can explain that radium and X-rays are tools, and, like other tools, can accomplish valuable results only in the hands of skilful persons. Again, no one should suppose that because a doctor possesses some radium, he has great knowledge or skill in the cure of cancer. He may have it, or he may not. Radium and X-rays may do harm if they are not employed with knowledge and experience.

The Nurse Called upon for Further Information

If the educational efforts advanced against cancer are effective, a greater interest will be manifested by the public. This interest will be displayed not only as regards the realization of the necessity for prompt diagnosis and immediate and proper treatment, but questions will be asked as to the cause of the malady and the effectiveness of different kinds of treatment. The nurse will be looked to for information on this vital subject. It might be well, therefore, to comment upon our past experience in connection with the cause and treatment of cancer.

What Is Cancer?

Cancer is not a new disease. It was well known in ancient times. In the period of Hippocrates there were many facts known regarding this condition.

The cause is still unknown. Many students of cancer, and among them some profound thinkers, believe that the underlying causes of the disease are so deeply hidden in the complexities that surround the existence of life itself that man can never expect fully to understand them all.

However, every now and then, and recently quite often, a notice in one form or another appears announcing the supposed discovery of the cause of cancer. Sometimes the cause is said to be bacterial, sometimes chemical, or something else. Perhaps the most appealing to the popular mind is the claim that somebody has discovered that cancer is caused by a parasite.

The Parasitic Theory.—This is the oldest of the theories of cancer. It appealed to the ancients, was held to throughout the Middle Ages, and was supported by some modern observers, reaching the height of its popularity in 1895. From this period it rapidly lost ground until to-day few competent observers consider it seriously.

The Humoral Theory.—Galen (131–203 A.D.) was the great exponent of the humoral theory which for over a thousand years held a dominant place in medical thought regarding the cause of cancer. He thought cancers developed from the concentration of black bile.

Mineral Salts Theory.—Paracelsus (1493–1541) claimed that the disease was due to the concentration of mineral salts in the blood which sought an outlet.

Contagion Theory.—Sennert (1572–1637) and Lusitanus (1642) advanced the theory that cancer was of a contagious nature, a doctrine which was held quite universally.

The Lymph Theory.—The discovery in the seventeenth century of the circulation of the lymph and of the red blood-cells completely destroyed the humoral doctrine of Galen.

The use of the microscope resulted in the discovery that black bile was nowhere to be found, but that everywhere in the body there was blood and lymph. Cancer was supposed to be composed of lymph varying in density and alkalinity, because lymph coagulated and foamed on boiling and was thought, in malignant tumors, to ferment and degenerate.

The Chemical Theory.—In Germany, during the seventeenth century, many personal views were put forth relative to the origin of cancer. The chemical idea predominated, and cancer was said to be due usually to an excess of acid, which required treatment by the use of an alkali.

Recurrent Inflammation.—In the early part of the nineteenth century Broussais advanced the doctrine that cancer was the sequel of recurrent inflammations. Based on chemical observation, his claim that cancer never arises in normal tissues, but only after inflammatory alterations, found many adherents and is of interest in connection with later theories.

The Histological Period in Cancer Research.—The construction of the achromatic microscope in Paris, in 1824, opened a new era in cancer research and resulted in the true structure of the growth being unfolded.

The Modern Idea Concerning Cancer

It may be asked, "If the old ideas are not accepted, what is the belief at the present time?"

Briefly, it is this:

The body is composed of multitudes of tiny, gelatinous particles called "cells," which ordinarily grow and perform their many functions, including those of growth, nourishment, and repair, in a definite, healthy, and well-regulated way. For example, if you cut your hand and thus destroy large numbers of cells where the knife passes, the place heals by the production of cells of the kind which were destroyed, and this growth continues until the wound is healed. The process of growth *then stops.*

In cancer, the cells of the part affected grow in an unrestrained manner. The system of regulation and control above described does not operate.

Cancer cells are "wild" cells. They are like great armies of human beings which are without discipline or organization. They are like a rabble or a horde, and as such they have powers of destruction. Although cancers may appear to grow energetically at their edges, the centers are usually the easy prey of infection and other destructive influences.

The Treatment of Cancers

Perhaps of even greater interest to the laity than the cause of cancer is its proper treatment.

The nurse is often confronted with some alleged new cure. It may be a plaster, an "Indian remedy," something "passed down" in the neighborhood by an old doctor long since dead.

a concoction for internal use, or a serum. Many remedies are said to be "secret." It is hard to justify anyone who desires to keep a cure for cancer a secret, when suffering humanity is standing with outstretched arms, pleading and begging for a cure for this malady. Fortunately, these secrets are probably of little value.

As regards the different types of cures, we may say that so far as the plasters are concerned, they are, for the most part, escharotics; and, although they vary in one way or another, their composition and their action are well known.

The so-called "Indian remedies" can be passed by without much further consideration.

As for the secret remedy of the old doctor, we look upon this in about the same light as the plaster.

The internal remedies are considered hokum.

But with the serum treatment a different situation presents itself. Perhaps it may be well to refresh our memory as regards past experiences in this direction. The curative property of a serum advocated as an antitoxin automatically carries the assumption that cancer is a parasitic disease. This has by no means been proved. The experimental study of tumors is certainly against any such conclusion. To take one example, the development of epithelioma following X-ray burns is a phenomenon which, upon analysis, seems to prove that this tumor develops apart from any parasite.

It is further to be remembered that the finding of a parasite as the causative agent of a disease would not of necessity mean that a successful antitoxin would shortly be prepared. The germ of tuberculosis has been known for many years, and yet we have no serum to cure this disease.

What Is the Proper Treatment of Cancer?

Although for thousands of years intelligent people have recognized the existence of cancer and have tried to cure it in every way they could think of, no medical cure has been found, and the explanation is this: Cancer is a wild growth of cells, not obeying the natural laws of the body. This refusal to be controlled makes it impossible for drugs taken into the general system to affect the cancer. Some injury, perhaps so slight as not to be noticeable, has called upon the normal, healthy cells of the body to put forth their powers of repair for unusually rapid reproduction, and in this way they lose their normal response to the regulating mechanism of the body and acquire the peculiarities of cancer cells. Once launched upon their wild career, the forces of the body cannot restrain them. It is quite impossible for the forces of civilization to control a rabble, a mob, or a horde. The only way to deal with such an unregulated, undisciplined, and lawless group of men is to disperse them or destroy them. Cancer cells cannot be dispersed. They must therefore be removed or destroyed. The best way to remove them is to take them bodily away. This is done by means of surgery. To destroy them, the best way is through the use of radium or X-rays.

In regard to the pastes and salves, and similar materials, these can do no good unless they destroy the cancer cells. They cannot change the nature of these cells. They cannot cause them to take on the disciplined character of the normal cells of the body. They cannot cause the cancer mass to assume the highly organized structure of healthy tissue.

The treatment of cancer by means of radium or X-rays seeks to accomplish its object by exerting a direct and destructive influence upon the cancer cells, under scientific management.

Surgery can remove the cancer. It can do so with a degree of precision which is the result of the accumulated experience of innumerable students of anatomy and operative technic.

For a patient to prefer to trust him-

self to some ignoramus who is supposed to possess a "secret remedy for cancer," instead of to an eminent surgeon with all the resources of a high-class modern hospital, is inconceivable on any ground other than a dread of what is called "the knife."

"The knife" is a brutal term to apply to modern surgery, the beneficial results of which are accomplished without pain, with a degree of certainty which no other form of medical practice in any direction permits, and with beneficial results which are to be seen on every hand.

Those cases of cancer which have been cured we hear nothing of as a general rule, due to the desire of patients "not to let anyone know they have had cancer." Cases which have waited too long and have passed beyond the stage where surgery can do the most good, we hear all about.

Nurse's Assistance Indispensable

Armed with the foregoing facts, the nurse can be of inestimable assistance in this most important educational movement. All nurses are already helping to some extent; but, in the press of other duties, and with so few sources of accurate information available to them, many have hitherto been able to give but little attention to the prevention and cure of cancer.

The realization that she is preventing unnecessary suffering is the nurse's greatest reward. Too often her sense of duty performed is the only incentive she has to spur her on to the continued efforts which she must put forth in order to make a success of her work.

It is because of this unselfish devotion that the nurse is now asked to give her assistance in the effort to control cancer and to make this endeavor attain the broadest possible scope.

A model of a leper colony in India, one of the exhibits at the Empire Exhibition at Wembley, England, leads the English *Nursing Times* to meditate on the "missionary spirit" of those nurses who care for the victims of leprosy. "For it seems to be the case that the nursing spirit alone is not enough to carry one through the often trying and discouraging work among those afflicted people; it is at any rate the missionary nurse who is most active in ameliorating their hard lot."

The Mission to Lepers, which does not train or supply nurses but maintains and assists Protestant leper hospitals in various parts of the world, reports that there has been an unusual number of inquiries from nurses since the war.

Most of the women working among the lepers are in administrative posts. For instance, there is Miss Mary Reed, the lonely white woman, who, after years of missionary service in the zenanas of India, and undeterred by the dreadful suspicion that she, like Father Damien, had symptoms of the disease, went back from Cincinnati to spend the rest of her life in happy and useful work. She is still working among the lepers on the Heights of Chandag buoyed up by the five things which, she says, "cause sorrow to depart," namely, faith, hope, love, work and song. In India also is Miss Harvey. After forty years' missionary work she, too, has decided to devote herself entirely to the lepers, "a very simple thing to do," she says. There is also Miss Flora Clarke, who honestly confesses to having had to overcome strong repugnance to the work, but who found one day that, standing among these poor, suffering creatures, "well and strong, and blessed in many ways," while they were sick, poor, suffering and lonely, her heart was filled with a great compassion; all feelings of loathing vanished, and her one desire was to try to help them. At Ramachandrapuram is Miss S. I. Hatch, who devoted herself to the work, after making the alarming discovery that her own servant was a leper, and that her milk came from a house where there was an advanced case.

Miss Beattie has worked in China for thirteen years, three of these singlehanded at the leper hospital at Pakhoi. The treatment includes ethyl esters (ether, chaulmoogra oil and iodine), colloid antimony, and sodium chaulmoogra injections.

There are many others—medical women, missionaries, missionaries' wives—who are devoting themselves to this most trying and self-sacrificing work. As in New Testament times, the leper still cries for help, and loving hands are held out to him by these followers of the Great Healer.

OUR ADVENTURERS

This group of brief articles shows, we believe, some of the picturesque and romantic aspects of a public health nurse's life, wherever it may happen to be cast. We hope to follow this by similar group articles.

AN INTERESTING "FAMILY" AT A MOTHER AND BABY CONFERENCE

By Ruth Moore, County Nurse, Dona Ana County, New Mexico

THERE was a hint of autumn in the air on that early morning in August as we started out to one of our "Mother and Baby Conferences," and how good it seemed after months of intense heat. All during the summer as we drove to our conferences with the thermometer registering in the nineties and sometimes over 100°, we had looked forward to the glorious fall days for which this part of New Mexico is noted.

"From the covered wagon emerged the largest 'family' I ever saw"

The school where the conference was held was a busy place that morning. For an hour or more babies were weighed, then examined by the doctor, while the little ones who had had their turn or were waiting for it, had a happy time playing and running about through the large rooms.

As the last ones were being dressed, a sound outside attracted my attention. Going to the window I beheld a most interesting and unusual sight. A huge covered wagon had driven up to the building and from its arched opening was emerging the largest "family" I ever saw. I hurried out to greet the late arrivals and found many of them already squatting upon the ground in a characteristic manner—the mothers holding their babies in their laps. It was a picturesque scene. The women were, as usual, dressed in dark clothes with a black *rebozo* or scarf draped about their heads and shoulders, while the children presented the greatest variety of bright colors, the reds, yellows, purples and blues of their garments contrasting strangely with their dusky skins. These people had but recently come to our state from old Mexico. Upon counting them we found that there were forty in all, 12 adults and 28 children. After much coaxing, explaining and gesticulating, we persuaded some of them to group themselves about their odd conveyance for a picture, but a few simply refused to pose for us.

After the picture and before going to work on these newcomers, we closely examined the wagon, and wish it were possible to give an adequate description

of its construction and appearance. The wagon bed rested on four small iron wheels, and wide boards were laid across the frame work forming the floor. Limbs of brush (*tornillo*) were used for the bows and over all was fastened a cover made of gunny sacks about two or three feet square, fastened together with thorns from the mesquite, or sewed in a few places. Over each bow was a branch of cottonwood, which was also used to decorate the arch at the front of the wagon. In this arch stood the little eleven year old boy who had piloted the "family" to the conference. Inside, hanging from the bows were children's hats, scarfs and nursing bottles. There were no seats. The parents and babies had all sat on the floor.

When we had ushered all these people into the school room we found that there was very little space in which to work. Chairs and desks were ignored, and they sat on the floor in their native fashion. After a time the histories for all of our babies and preschool children were completed; each one was weighed, measured and examined and advice given. All this was no small task as every question and answer was in Spanish.

The mothers were asked to undress their babies "down to the skin." There was a great deal of excited talk among themselves, and many objections to running what they seemed to consider a risk of chilling their little ones. The temperature of the room was about 90° at that time! However, after many explanations and assurances that all would be well, they were finally persuaded to remove the various layers of clothing. When the babies were redressed they wore only what was necessary, and each mother or father, as the case happened to be, carried home a bundle of clothing as large as a pillow.

We watched them climb into their odd wagon and waved our farewells amid smiling adios from them and promises to return in two weeks.

Home visits are made regularly to their queer little houses of adobe and poles (*jacales*); the babies are being watched closely and we find all of them fine and strong.

There are of course many difficulties to be encountered in working among a people whose language and customs are so different from our own, but there is great pleasure in the work and many interesting experiences.

Home visits are made to the queer little houses of adobe and poles

CAMPAIGNING FOR HEALTH IN ARKANSAS

By Elsie Paisley, Field Nurse, Arkansas State Board of Health

THE "health caravan" of our Bureau of Child Hygiene is equipped for showing health films and an electrical health exhibit, as well as a large display of posters in connection with our well baby conferences, which we are holding throughout the state. The personnel consists of a woman doctor, two nurses and "Indian Bill." The nurses alternate in going ahead and arranging for the conferences. "Indian Bill" sees to running the exhibits, showing the films and helping look after the truck and our car. It takes from a few weeks to a month to put on our program in a county.

This is the season for the politicians to be stumping their county and we had to convince the public that our only platform was health, regardless of the numerous politicians who followed us around in search of a crowd. A big revival was in full swing at one of our stops and it took some tact to persuade the religious ones that bodies as well as souls require saving.

We were met everywhere with eager interest and cordial hospitality. The commonest methods of transportation are by means of buggies and farm wagons. Whole families often came long distances and stayed for pictures in the evening—food was brought in tubs and baskets and a community picnic lunch spread at noon. Grandmothers in spotless sunbonnets stood as if waiting for a verdict while Dr. Koenig examined their grandchildren. Both mothers and fathers accompanied their babies. Some of the parents were so young that they should have still been school children, while others were prematurely old from neglected personal hygiene and hard work.

In one room schools and churches, "Bill" showed the "Air Line of the Fly" and "Arkansas Bossy," tuberculin tested, giving milk for Betty Beautiful to drink, while we curtained off a private corner for the examination of babies. One nurse took histories, stopping sometimes to talk on the exhibit, while the other nurse and the doctor examined the babies. Often the picture show was at night, but where the roads made it impractical to come back quilts were hung over the windows to darken the room and the pictures were shown in the afternoon. A few times the doctor moved out in the yard with the examinations while the room was used for pictures.

To use the negroes' expression, the news of our coming had been "norated" about until nearly every one in the county had heard about us. Sometimes a child who had been examined would come up to one of the nurses and tell proudly of having learned to like milk, or a mother would tell Dr. Koenig that she was successfully carrying out her instructions. A few children who had been examined elsewhere in the state on the government truck two years ago returned for examination.

A VISIT TO THE "FLATS"

By Marion H. Addington, Field Representative, Child Hygiene Division, Minnesota State Board of Health

"ANYTHING new?"

"Yes, Miss Allen, there is a call to make at 212 River Street—in the Flats. A little boy I think. The city physician phoned in."

"All right." Nodding her thanks to the proprietor, the visiting nurse left the grocery where she had stopped to telephone. She walked swiftly, with the black leather bag of supplies swinging heavily against the blue crispness of her uniform.

As she went on the street grew more and more dingy. There were many small stores—groceries—fairly overflowing with their stock of canned

goods, fruit and vegetables. The stores were presided over by swarthy, black-eyed women in loose dresses, surrounded by dirty children; all of them sat hunched in panting leisure on the steps before the door as soon as the customers departed.

The dwelling houses were even more dingy. For the most part, they were small and unpainted, worn to a weather-beaten black, with tumble-down porches and crumbling chimneys; their cracked window panes were stuffed with rags or opened to disclose filthy white curtain ends floating out on the breeze. Some of the buildings had sagging outside stairs leading up to still more sagging porches. The latter were piled high with old tin cans, tubs and boxes. Once in awhile, however, there was a tiny cottage with newly scrubbed steps, or a small garden with painstakingly even rows of yellowing lettuce and the heavily bunched tops of gone-to-seed onions.

As the nurse neared the bluffs above the Flats, the surroundings became still more squalid. Babies with smeared faces and ragged dresses sat flat on the ground in dirt yards, digging futilely with sticks at the hard-packed earth. A yellow cur, its heavy hair matted and dusty, stood gazing aimlessly, with lolling tongue and half-uplifted paw, as though fixed in indecision. Even he seemed to resent the hot August day. Two little boys in torn overalls were eagerly picking up the small pieces of ice dropped by the delivery man. They hung their heads sheepishly at sight of the nurse. However, they took care to pop the pieces of ice in their mouths, before answering her reproachful, "Oh, boys, *don't* put that in your mouths without washing it!" The disciple of sanitation went on, with alternating feelings of disgust and amusement.

Then the way became steeper, and the cement walk narrow and cracked in spots, with here and there small tufts of grass growing up through the broken pieces. On either side a rank growth of weeds gave off a heavy disagreeable odor—that of the unmistakable rag-weed.

Suddenly the walk came to an abrupt end. A few steps more and the nurse was across the road at the bluff's edge looking down at the level space between the hill and river. Just beneath branched the tops of tall elms, dust-laden from the street above, and blistered a grayish brown by the heat of the August sun. Far below, lay "The Flats." They were bounded on the one side by the river and on the other by the bluff. Stretching in steel-barred strength across to the opposite shore, loomed the massive bridge which spanned the river. It reared its proud arch against a cloudless sky, looking, in contrast with the pigmy buildings below, like a great invincible iron giant.

The visiting nurse smiled suddenly as her eyes dropped to the foot of the bridge. Its steel supports had a strangely domestic touch, as incongruous as a bit of lace on a prize-fighter, for the clothes-lines of the Flats were stretched audaciously across them. Rows and rows of dingy white garments floated out on the breeze; diminutive dresses and coarse blue or gray work shirts; dozens of stockings. They whipped about in the light wind, flapping against the rusty sides of the heavy iron supports, or winding themselves dizzily around the clothes-pins.

The nurse made her way down the steep incline. There was no walk; merely rude steps worn in the hillside or dug out from the hard-packed soil. She reached the level space beyond the trees and crossed the first short street. The dust lay white and ankle deep, piled in high ridges by the recent passing of an ice-wagon.

As she neared the first house, a small dog ran out barking wildly; then there was a sudden noisy clamor and a swarm of ragged and dirty children rushed around the house, all talking at once, and exclaiming at sight of her. Behind them hastened a flock of excited chickens, scenting a possible meal. Their stiff yellow toes made small "V" and "W" shaped tracks in the loose dirt. They clucked a lively accompani-

ment to the noisy children who gathered eagerly around the nurse, their bare brown toes scuffling up the thick dust into heavy obscuring clouds.

"Say, nurse, who you comin' to see? You comin' to see Jakie's little brudder? Jakie's little brudder he is awful sick. I know, cause me mudder she say he is. Nurse—we'll show you the way, nurse."

They started down the street beside the blue uniform, all clamoring for attention at once, and gaining a new addition of soiled and ragged escorts at every doorway or yard which they passed. In the rear the eager flock of hungry chickens hastened after, and still further behind, their progress much hampered by sliding diapers, toddled a couple of round-faced babies. A stray puppy ran nosingly past the crowd. Even a dignified cat stalked after them, her tail furred in cold displeasure. But she hastened her pace a trifle, as one of the babies, freed at last from his impedimenta, reached out a grasping hand.

The visiting nurse laughed as she looked down at the impromptu Pied Piper procession, but she walked on under their escort, noting the half effaced numbers on the doors. The small houses seemed to crowd swayingly against each other; their windows were thick with buzzing flies. In the air was the rank odor from the decaying garbage behind the rude barrel-stave fences. The puppy deviated from the procession long enough to snatch a bone from the putrid heap; the chickens fought noisily with him for its possession.

The children and the nurse went on, through the heavy chicken-tracked dust, to the last house on the street. It was faded to a strange grayish green and reinforced with heavy roofing paper which shone black and glistening in the summer heat and gave off a tarry odor. There, the band of children, chickens and animals stopped. The leader, his black eyes snapping with excitement, spoke importantly, "Here, Nurse—this here is Jakie's house."

A FERTILE FIELD FOR TEACHING HEALTH

By Kathleen M. Leahy, R.N., Lihue, Kauai, T. H.

THE Filipinos are coming to the Hawaiian Islands in increasing numbers, and their Americanization is becoming a serious question in the Territory. They present many problems, among which their high infant death rate looms large. Doctors, social workers, nurses, and others interested have been trying to fight this ogre for some time past. The poor babies, for the most part, are not wanted, the mothers know so little of pre-natal care or infant feeding, and consequently it is the "survival of the fittest."

Recently the Board of Health nurse in this district and I, with the aid of a young Filipino man interested in our work, issued an invitation to all Filipino mothers in one camp to come to the little hall in the camp and have their babies weighed. At the most we

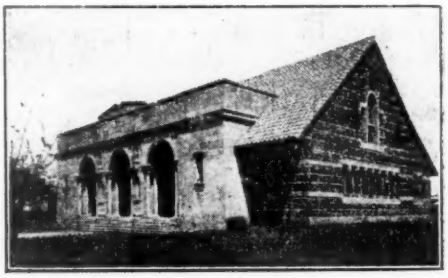
expected about six or eight mothers and babies. Imagine our surprise and pleasure on arrival to find about twenty mothers awaiting us. This number was increased to thirty-two before the afternoon was over. We had decided to weigh only the babies under two years of age, and had ten to be weighed. The name, age, address of each baby, and weight were recorded, and as the babies were weighed each mother was questioned regarding the baby's care and diet. We corrected or praised the mother, as the case demanded. Most of these mothers were so young!

A Proud Filipino Father

Following the weighing the Board of Health nurse gave a short talk on baby care and feeding, touching only on the simplest and important points. This was promptly translated into the two most important dialects by two men who were the only responsible interpreters we could find. These people speak differeht dialects, and so are handicapped not only by not understanding English, but by not understanding each other. It was interesting to us to watch their faces as they caught a familiar point or grasped something new. Following the little talk they asked questions, and it was appalling to find what they did *not* know of hygiene, or infant care, or feeding.

We were glad when they asked a few questions on pre-natal hygiene and diet, though we wondered afterwards if their superstitions would override our simple directions for rest, cleanliness, and plain food with plenty of fruits, vegetables, and cereals included. Of course this meeting would be valueless without follow-up, which we are doing.

At the conclusion of the meeting we asked how many mothers had lost babies under one year of age. About twenty hands went up. We hope to be able to save some child from his brother's fate and start him on the right road.



The new library at Lihue, which serves as a county library, with branches in all the Kauai schools

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HEART DISEASE—COMMUNICABLE? CURABLE? PREVENTABLE?

The *Survey Graphic* for November, 1924, is largely taken up with a "symposium" on Heart Disease. An article with the above arresting title by Dr. Haven Emerson, a cartoon by Hendrick Willem Van Loon, "Saving Hearts in Your Town" by William H. Robey, and a number of other interesting articles, all profusely illustrated, provide impressive material for all interested in this newest of the "Health Campaigns."

> "Tuberculosis has been pushed from its place as arch-executioner. In its place, in most parts of the country, is heart disease, now the chief cause of death in these United States. Fortunately heart disease is often curable. It is preventable. But the effort to cope with it must run the gamut of seven ages—from childhood when it is to be prevented, through the middle years when it may be arrested and cured, to old age when its disabilities may be alleviated."

ORGANIZED VS. UNORGANIZED HEALTH SERVICE AND SOME RESULTS

By Grace G. Philbrick

Superintendent of Public Health Nursing, San Joaquin Local Health District, California

AFTER a series of epidemics which cost many lives and much money, the people of San Joaquin County, California, brought into existence the San Joaquin Local Health District, which is organized in such a way that it can give a uniform efficient service throughout the district, regardless of city boundaries.

The district is established according to a special law which was enacted by the California State Legislature in 1917. This law provides in the minutest detail for such an organization. The district was established in 1923 and the data given in this article is taken from the reports of the fiscal year which ended July 1, 1924. It covers the entire county of San Joaquin and the four municipalities therein. There is a population of approximately 100,000 people and an area of 1,448 square miles. According to the law a district does not have to be confined to one county nor must it cover an entire county. A community may be admitted to a district on application of its Board of Supervisors, council or similar governing body, but application for a hearing before such a body must be made by a petition bearing the signature of one tenth of the voters in the community desiring to be admitted. A special tax is levied for the support of the district.

The board of trustees consists of five members, one from the county and one from each incorporated city in the district. These trustees have full authority to draw warrants on the special fund and they are responsible for all business transacted and policies pursued by the organization.

The work of the organization is divided as follows:

1. Administration—Budgets and accounting, vital statistics and morbidity records, communicable disease control and promotion of life extension work and health education.

2. Communicable Disease Division—Education and field work.

3. Laboratory—Regulation public health work and clinical pathology for the health center.

4. Sanitary Division—Routine sanitary inspections, control of nuisances, supervision of milk distributing plants and collection of milk samples and inspection and grading of all food distributing places.

5. Public Health Nursing Division.

6. Health Center and Clinic—Periodic physical examination and supervision of well babies, school children and adults. Treatment of the sick poor in clinic and homes. Clinics are held both in the day time and evening. The Clinic is directed by the San Joaquin County Medical Society, and members of this society donate their services during the day. The physicians for the evening service and home care draw small compensation.

7. Dental Department—Traveling dental clinic in charge of competent full-time dentist. Every rural school is visited and all applicants receive free examination and prophylactic care and the poor children have corrective care.

The headquarters of the organization are in Stockton. Here are the executive offices, public health library, vital statistics department and health center. At the rear of the executive offices are the laboratory and the clinic with admission department and adequate examining rooms. Branch offices and health centers are held in each of the incorporated cities. Baby conferences held elsewhere in the district are held in temporary quarters.

The nursing staff last year consisted of eleven nurses, including the superintendent and infancy and maternity supervisor. Each rural nurse lived in her district, thereby eliminating mileage and saving time. Regular office hours are held every afternoon at each center. During the first year application was made to the Bureau of Child Hygiene of the State Board of Health for a supervisor of infancy and maternity

work. Miss Regina Horton was assigned to this work by the State Department and the following data is taken from her annual report:

Home visits to infants	12,720
Homes visited	4,715
Prenatal cases registered at health centers	75
(Note: Most of these cases were delivered at the General Hospital and returned to the Health Center for postnatal care.)	
Infants and children of preschool age examined	2,007
Literature and educational letters distributed	4,400

Regular conferences are held for babies, children of preschool age and school children. They receive careful free examination and the mothers are advised as to proper nourishment and health habits. Children requiring treatment are referred to their private physician or if unable to pay are transferred to the feeding clinic. Close cooperation is established between the health center, clinic and general hospital. A transfer system enables the care to be uninterrupted. Home visits follow birth registration and clinic visits are followed by home visits when indicated.

The pre-natal cases receive regular instruction, examinations and urinalysis. A series of demonstrations are conducted for the benefit of pre-natal cases and mothers of young children. Also a Young Mothers' Club* meets regularly once a week for the study of child hygiene. Papers are prepared by the members and talks are given by physicians and nurses.

Each nurse is responsible for the communicable disease control in her district. She quarantines the cases, takes the histories, plans the isolation of contacts and the vaccination campaigns. As a result of the vaccination campaigns 2,551 or 33 1/3 per cent of the rural children have been vaccinated for smallpox and 2,457 or 32 per cent have been protected from diphtheria with toxin-antitoxin immunization.

A systematic school program is carried out by the nurses. Upon completion of a weight survey each fall those who fall 10 per cent or more under the normal standard weight are placed on the milk list. These children are served milk daily at school and the expense is met by the parents, or in case the parents are unable to pay, the Red Cross or local clubs meet the expense.

A communicable disease census has provided a permanent individual record at the office. At the beginning of each term a communicable disease registry is made for each room so that the nurse may readily observe which children are immune to any disease to which the room might be exposed.

Individual examinations of school children are made in the usual way, and home visits made where corrective care is neglected.

The cost for the year was 73.7 cents per capita as compared to 88.7 cents in 1920, 54.7 in 1921 and 76.5 in 1922 when the health activities were carried out by part time county, municipalities, boards of education and voluntary organizations. The community, as is frequently true, did not realize the amount of money they were spending for part time and more or less inefficient public health work, until a special study was made of the various appropriations.

The value of a health service must be measured by the reduction of communicable disease, the reduction of infant mortality and the general lengthening of life in a community so it is with some satisfaction that the following statistics are submitted from the annual report:

The District is too short lived to furnish exact proofs, but an inventory of human life expenditures, *i.e.*, deaths in the past four years, furnish a slight index. Excluding deaths which occurred at the State Hospital for the Insane, located in Stockton, and the population of which comes from other parts of the state, the death rate per

* See Miss Regina Horton's account of the *Young Mothers Club* which follows this article.

thousand population in 1920 was 14.2; in 1921, 14.4; in 1922, 14.3; and in 1923, 14.4. It will be noted that this death rate has been practically stationary. For the first six months of 1924, this death rate has dropped to 13.5, which if maintained through the year will mean the saving of 90 lives. Similarly the infant death rate per 1,000 births in 1920 was 100.7; in 1921, 90.2; in 1922, 89.5; in 1923, when an energetic educational campaign was begun, this rate dropped to 69.9 and is still further improved during the first six months of 1924 by a drop to 42.5.

A YOUNG MOTHERS' CLUB

A YOUNG Mothers' Club with a broad and forward-looking program is one of the outstanding achievements of the Sheppard-Towner activities in San Joaquin County, California. Here are some of its features from the report of Miss Regina P. Horton, nurse in the Sheppard-Towner Service, Bureau of Child Hygiene:

"One of the special things that we have achieved in this county this year has been the formation of a Young Mothers' Club. To have better babies we must have more intelligent motherhood. This little club was organized by the Sheppard-Towner nurse of this district in November, 1923, with a small group of young mothers, most of them with their first babies. The object of the club, as stated in the constitution, is 'To promote and stimulate interest in maternal and child welfare by the instruction of mothers in proper methods of child care and by the periodic examination of well babies.' Officers were elected and an outline of study arranged by the nurse in charge, who was elected a member as 'health advisor.'

"This group has met once a week. Papers have been written by every club member, and read at the meetings. The papers began with pre-natal care and the legal protections of maternity, and covered every phase of child care up to the sixth year. Some of them were unusually well written. From time to time the club has been addressed by physicians and others interested in child care, and the psychologist from our state hospital has discussed the mental training of the child. Demonstrations in bathing the baby, the preparation of various kinds of baths, enemata, etc., have been given by the nurse, and an exhibit of the proper clothes and bathing utensils has been kept at the Health Center. I feel that the mothers have gotten a great deal from these contacts and from their own research work. They have also begun, in a small way, the study of child psychology.

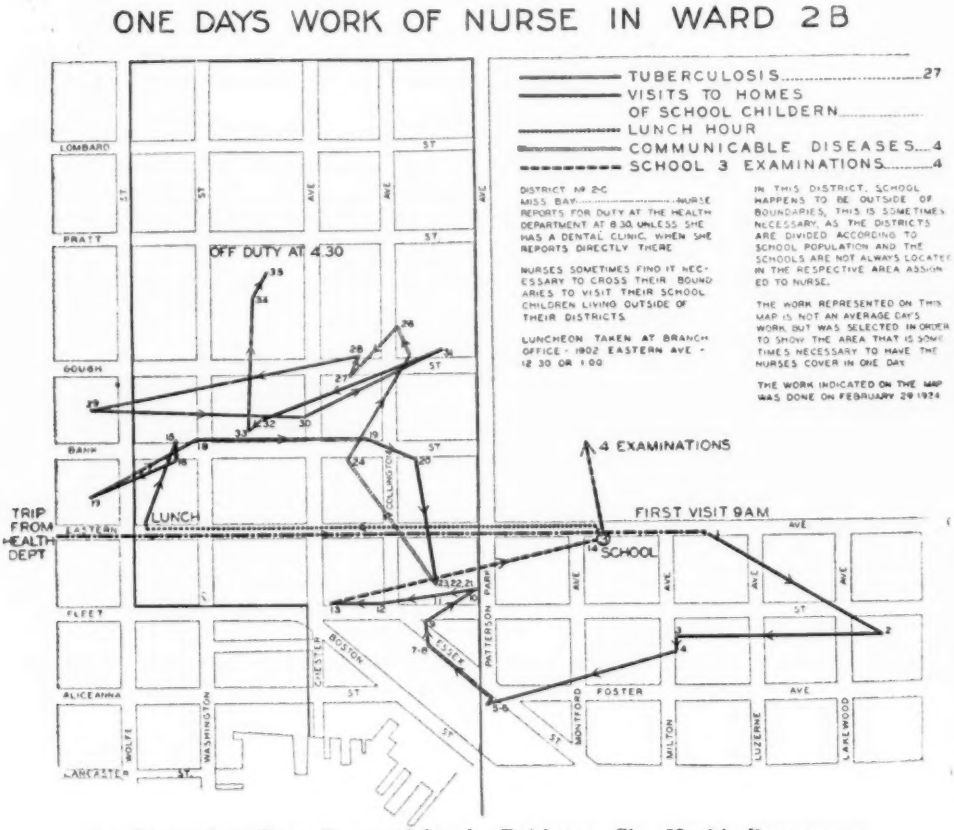
The reading was taken largely from government pamphlets and from works in the public library, and some of the members made field visits to day nurseries, boarding homes, and like institutions for children. The special questions of the crippled child and the tuberculous child were taken up from the standpoint of preventive work. The study of the proper type of kindergarten and the value of music and poetry in the cultural life of the preschool child were investigated with interest and enthusiasm. The work has been valuable because it has brought home to these young mothers the fact that the health, as well as the training, of their children lies entirely in their own hands, and that prevention, both of ill health and of unhappy surroundings, should be their watchword."

The report as a whole indicates a thorough understanding of the possibilities of maternal and infant welfare work. "Follow-up work is made easier by means of record slips devised for this district by Dr. Sippy. These are made in triplicate, one being retained in the Health Center as a memorandum, the other two going to the hospital on admission of the patient.

These records carry the patient's name, diagnosis, and laboratory findings. When the patient is discharged from the hospital one record slip is retained and one sent back to the Center. Thus the Center may immediately resume the aftercare, avoiding that gap in time and interest, which often happens in an isolated community such as this, where the hospital is at a distance from the city.

"If the patient is careless about reporting, a notice from the nurse will often arouse her interest in herself. In this work we have had fine coöperation from the hospital and from private physicians. The patients themselves have shown great interest.

"Frequently the husbands have come in for advice. I have been able to do a little in Americanization work with these men by stressing the need of citizenship for the fathers of American-born babies. All patients are informed about the value of registering the baby's birth. With the aid of the social worker we registered several of the babies of Mexican parentage, some of them more than a year old, who had never had a birth certificate filed. These babies had been delivered by members of the family."



An Interesting Chart Prepared by the Baltimore City Health Department

ORIGIN AND DEVELOPMENT OF THE DIVISION OF PUBLIC HEALTH NURSING—NEW YORK STATE DEPARTMENT OF HEALTH*

With the reorganization of the New York State Department of Health in 1913, a Division of Public Health Nursing was created by act of the Legislature as one of the nine divisions of the department with salaries appropriated for three nurses.

In 1914 provision was made for a Director of the Division and three additional nurses.

The subsequent year, no provision was made for the salary of a director or for additional nurses.

Group of Supervising Nurses of the Division of Public Health Nursing

Owing to the severe epidemic of poliomyelitis in 1916 it was necessary to provide a corps of special state nurses for the follow-up of those crippled from the disease, and for clinic work. Eight nurses and two muscle testers were engaged in this work.

The Legislature of 1919 increased the number of State nurses and provided for the salary of a Director.

At the present time the Division is composed of a Director, Assistant Director, Secretary, Stenographer, Clerk and 54 Supervising Nurses, who are engaged in general and special public health nursing.

The Director of this Division appoints all nurses in the department from a civil service list and assigns them to other divisions for special work according to their qualifications and preference; receives weekly reports and compiles an annual report; approves monthly expense accounts of field nurses; conducts correspondence relative to nursing, and keeps a roster of all public health nurses in the State.

In each sanitary district of the State there is a supervising nurse who assists the District State Health Officer and local public health nurses. She secures coöperation with other agencies; stimulates interest in public health nursing in communities not having such service; assists localities in organizing and securing properly qualified nurses; encourages and teaches the keeping of records and the making of reports; aids in the prevention and control of communicable disease, and keeps herself generally informed of all matters relating to public health in her district.

She refers to the Albany headquarters prospective applicants for positions and keeps the roster of public health nurses in her district up to date, advising the main office of new appointments and resignations.

The district supervising nurse assists with

* The fifth of the series showing the homes and activities of voluntary, municipal and state public health nursing organizations.

Office of the Division in the Capitol, Albany, N. Y.

all clinics and consultations carried on in her territory and specializing nurses confer with her upon entering the district.

Twenty-four nurses are assigned to activities in Maternity, Infancy and Child Hygiene.

After-care has been given to poliomyelitis patients ever since the epidemic of 1916—nine nurses are assigned to this work.

Two nurses are engaged in tuberculosis work and one in venereal disease social service.

The St. Regis and Onondaga Indian Reservations are each provided with a State nurse who instructs and demonstrates in the homes and schools and organizes children's consultations and tuberculosis clinics.

One nurse giving full time to Public Health Education addresses groups of home and farm bureaus in rural communities teaching home nursing and hygiene.

The Division of Communicable Disease has two nurses constantly engaged in making surveys and investigations and teaching control and prevention; in case of epidemics the entire nursing staff may be assigned to this division.

The Division of Public Health Nursing maintains close coöperation with all other organizations in the State and endeavors to establish a harmonious relationship with all other nursing agencies.

In 1922 a uniform was adopted for the State Department of Health Nurses, description of which was given in the March 1923 number of the PUBLIC HEALTH NURSE.

More industrial accidents in the United States during 1923 is indicated from information collected by the National Safety Council from state industrial commissions, insurance companies and individual companies. . . .

Among reasons advanced in explanation is the increased industrial activity during 1923 which meant a greater number of new employees and a consequent increased exposure to industrial hazards. Another explanation is that emphasis placed on production needs partially eclipsed the even greater need for accident prevention work. From the experience of several companies whose past safety records have been good it is evident that safety work has not kept pace with increased exposure and hazards. There has been a let-down in safety interest on the part of both employer and employee which becomes more apparent through the stimulated interest in reporting of accidents and the keeping of better accident records.

From an article in "National Safety News."

HEALTH POSTERS

School nurses interested in using the health poster in an effective way may find the description below of the Wayne County, Michigan, method a guide to a similar project. It was sent to us by Miss Lois Barrington, Wayne County School Nurse. This scheme can be greatly simplified—or upon consultation with teachers and superintendent it can be enlarged and used as a forerunner of a county fair exhibit or as the chief item in your health program for the year. It can become a means of bringing together your schools and making better teamwork possible. This plan is particularly commendable because it encourages group recognition—the schools receiving the prizes and the individuals simple awards.

A Typical Poster Produced in a School Contest—Courtesy American Child Health Association

The Health Poster Contest in Wayne County grew out of a conversation between the school nurse and the helping teacher, who wished to stimulate free-hand cutting in the rural schools. The following announcement was made in the monthly news-letter going out from the School Commissioner's office:

ATTENTION! HEALTH POSTER CONTEST!

Classification of Schools

A. One or two room schools.
B. Schools having more than two rooms, but not maintaining a high school.
C. Schools maintaining a high school.

Age Classification

I. Six to ten years.
II. Ten to sixteen years.

Types of Posters

I. Free-hand drawing with colored pencil, water color, or oil.
II. Free-hand cutting—pasted on poster.
III. Cut-out pictures from magazines, etc., pasted on poster.

Subject Matter for Posters

Health

1. Food { vegetables / milk / fruit / cereals (cooked)
2. Care of Body
   A. Safety-first
      1. Avoidance of accidents
      2. Protection from disease as well as accidents
   B. Cleanliness
   C. Posture
   D. Sleep

RULES

1. The work must be done by pupil but may be done in drawing class period.
2. The posters must be not larger than 18" x 24", not smaller than 9" x 12".
3. Each school may select the three specified types of posters for each age group (six posters) to be entered in contest.
4. Posters selected together with report from teacher, giving number of pupils enrolled in school and number handing in posters to her (thus giving percentage) must be sent or brought to this office not later than April 14.
5. Each poster must bear name of child, school name and district, and school classification.

6. All posters from each school must come in together and package be marked plainly on outside.

POINTS

1. Two points for each three schools in each group having highest number of posters, in proportion to number of pupils enrolled, handed to teachers.

2. Three points for schools sending in each type of poster for each age group (six posters).

3. One-half point for each poster winning in final contest.

4. Two points for school having highest number winning in final contest. In case of tie, the school having the highest number of winning posters in the final contest.

PRIZES

Group A—The County School Commissioner's Office is offering a playground ball and net to the school winning in Group A.

Group B—The Tuberculosis Society of Detroit and Wayne County is offering the statuette, "The Spirit of the Modern Health Crusade," to the school winning in Group B.

Group C—The Committee on Nursing Activities of the American Red Cross is offering a first aid kit to the school winning in Group C.

Individual awards of red, white and blue ribbons will be made to the makers of the winning posters.

If there are questions, inquire at this office (of the Assistant County School Commissioner, the Helping Teacher for Wayne County, or the County School Nurse, or ask the Red Cross nurse in your district).

The month following the contest the results were announced, giving the names of the schools which were the winners, also the names of the individual prize poster winners who received ribbons, and the posters which received honorable mention.

The judges were: Director of Health Education, Detroit Teachers College; Specialist in Home-making Education (a home economics graduate); and an Art Instructor.

The posters were on exhibit in the office of the County School Commissioner.

WE LIKE SIGNS IN CLEVELAND.

Mr. L. had the mumps. Mr. L. is a colored gentleman of mature years. He recovered in due time. But with Mr. L. lived Mr. T. and his family, and Mr. T.'s youngest child had never had the mumps. According to our city ordinance, the sign must remain up three additional weeks to give William Edward an opportunity of developing mumps. Meanwhile the T. family wished to move. The nurse obtained permission from the Health Department and they moved across the street, taking the sign with them.

The nurse went out to see that they were properly established and found a mumps sign on their front door, but one still remaining on the L. back door. She instructed Mrs. T. to get this and tack it on her own back door. A few days later, going out to release the family, Miss M. found no sign on the T. house, but both securely tacked on Mr. L.'s front and back doors.

"How is this?" she inquired. "I thought I told you to put *both* signs on your house?"

"Well," explained Mrs. T. "I went over to get the other sign, the way you tol' me, and Mrs. L. said no, I couldn't have that sign, that was put up for *her husban'*, and she come over and got the other one, and now she got both, and won't let me have neither one!"—*Esther Marion Alger, University Nursing District, Cleveland, Ohio.*

AMERICAN DIETETIC ASSOCIATION

Annual Meeting, Swampscott, Massachusetts, October 13–16, 1924

The 1924 program of The American Dietetic Association was particularly significant as an indication of the widening field of Dietetics. The Association which a few years ago was composed almost exclusively of hospital dietitians now includes managers of commercial and public school lunch rooms and college dining halls and of clubs and hotels, as well as representatives from the still newer field of social service nutrition work.

Discussions of hospital methods and problems were, perhaps, the most prominent, but the program offered ample material of general interest, especially in its closing session. At this time very helpful papers were read on diets for children and the recent development in vitamin structure.

RUTH L. WHITE.

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Edited by ANNE A. STEVENS

SALARIES OF PUBLIC HEALTH NURSES

Connecticut, Indiana and Mississippi

Complete returns in the Census of Public Health Nursing from Indiana and Mississippi, and those returns from Connecticut received up to September 17, serve as the basis for making the following statements about salaries. The salaries are those paid for the month of January, 1924.

I. SALARIES OF COUNTY NURSES WORKING ALONE

Connecticut had no county nurses. Of 43 nurses employed alone in Indiana, 27 were nurses who were carrying on a county-wide program. Twenty of them were paid $150. Their salaries ranged from $125 to $175. Twenty nurses were employed as county nurses in Mississippi; 18 of these received $150 and two $100.

II. SALARIES OF TOWN NURSES WORKING ALONE

All the 48 one-nurse organizations in Connecticut employed nurses to carry on work in cities or towns, towns in some cases meaning townships. The most common salary paid these nurses was $125, as 26 of them received that amount. Their salaries ranged from $100 to $150.

In Indiana 14 nurses were employed to carry out programs which covered only a city or a town. The most common salary was $125, and the salary range $85–$150.

Mississippi had five nurses who were each employed for bedside nursing in small cities and towns. Their salaries ranged from $75–$150.

III. SALARIES OF NURSES IN ORGANIZATIONS EMPLOYING TWO OR MORE NURSES WHO WERE WITHOUT FULL-TIME NURSE SUPERVISION

In Connecticut 17 organizations fell in this classification. The most common minimum salary paid was $125 and the most common maximum $150. These organizations reported a range of $95–$125 as the minimum salary paid and $110–$175 as the maximum.

Indiana had 14 organizations of this type. Seven reported. Two of these paid $100 and two $150 as the minimum salary. The modal (or most common) maximum salary was $150. The minimum salary range was $100–$150 and the maximum $100–$175.

Mississippi had no organization of this kind.

IV. SALARIES OF NURSES IN ORGANIZATIONS HAVING A FULL-TIME SUPERVISOR

Twelve out of thirteen organizations of this type in Connecticut reported their salaries. The most common minimum salary was $110. Regarding the maximum salary paid in these organizations, four reported $115 and four $125. The range of minimum salaries was $100–$115; of maximum salaries, $115–$125.

Eight of twelve organizations in Indiana reported on this subject. Three of these paid $125 and three $100 as the lowest salary. The most common highest salary was $125. The salary range for the lowest salaries paid was $100–$125; the range of highest salaries paid was $115–$150.

Mississippi had no organization of this type.

In studying these figures it seems necessary to take into consideration the fact that county nurses working alone are in most cases responsible for initiating their own program and work over a large territory without supervision. In analyzing the figures for Type III one should remember that although these nurses do not have full-time supervision, that very likely one nurse has administrative responsibilities in addition to that of giving direct nursing service, and it is probable that the other one or two nurses act as her assistants. This explanation may account for the wide salary range found in this group.

CENSUS OF PUBLIC HEALTH NURSING, 1924

*Exclusive of hospital social service, dispensary, and industrial nursing**

INDIANA

TABLE I. GENERAL SUMMARY OF INFORMATION OBTAINED THROUGH THE CENSUS

A. GENERAL FACTS ABOUT THE STATE

Area in square miles, 36,045.

Population Data, U. S. Census, 1920

Population of the state	2,930,390
Population per square mile	81.3
Per cent of United States population	2.8
Number of families (estimated)	651,198
Number of negroes	80,810
Per cent of population in rural areas (*i.e.*, unincorporated territory and incorporated places of less than 2,500 inhabitants)	49.4
Per cent of population who are foreign-born white	5.3

B. PUBLIC HEALTH NURSING

I. *Distribution of organizations and services*

Classification	Number of organizations	Number of full-time nurses
Total number in state	100	244
1. *Classified according to size of staff*		
One-nurse organizations	74	74
Organizations with two or more nurses	26	170
With two to nine nurses	24	103
With ten or more nurses	2	67
2. *Classified according to type of administration*		
Federal organizations	1	9
State organizations	2	9
Local organizations	97	226
(1) *Official administration*	28	89
(a) Board of Health	6	48
(b) Board of Education	20	38
(c) Other official boards	2	3
(d) Joint administration, two or more official boards	...	...
(2) *Non-official administration*	67	135
(a) Public Health Nursing Association or similar organization	13	61
(b) American Red Cross	19	25
(c) Tuberculosis associations	16	23
(d) Metropolitan Life Insurance Company services	4	4
(e) All others	11	18
(f) Joint administration, two or more non-official agencies	4	4
(3) *Joint official and non-official administration*	2	2

II. *Ratios of distribution*

1. Per cent of population living in areas covered by a local nursing service:	
In the entire state	66.6
Outside the city of over 100,000 population (Indianapolis)	62.6
2. Ratio of nurses to territory (entire state)	1 nurse to 147.7 square miles
3. Ratio of nurse to population:	
Entire state	1 nurse to 12,009 persons
Outside Indianapolis	1 nurse to 15,389 persons

* *Because of the many more problems attached to the gathering of information about these types of nursing, it has been impossible to include them in this present count. It is planned to gather information about them at a later date.*

NOTE: This table is the first to present the facts gathered in one state. Others will follow.

INDIANA

Number of Organizations Employing Public Health Nurses and Number of Full-Time Graduate Nurses Employed in Each County, January 1, 1924

Exclusive of hospital social service, dispensary, and industrial nurses

HOW SOON WILL YOUR STATE MAKE 100 PER CENT RETURNS IN THE CENSUS OF PUBLIC HEALTH NURSING? IT DEPENDS ON EACH ORGANIZATION.

The Census of Public Health Nursing, one of the projects of the N.O.P.H.N., is under way in all those states which have appointed Census Representatives and have forwarded their lists of organizations to the national office. The accompanying table and map give an idea of the material which will be available for the use of each state as soon as it has returned all its census forms to the N.O.P.H.N. This summary and map present the fundamental information which has been procured through the Indiana Census of Public Health Nursing. A more detailed table has been made which shows the number of organizations and nurses in each city of 10,000 or more inhabitants. In addition to the number of organizations and nurses indicated on this map, there were 9 nurses employed by the United States Veterans' Bureau, 7 by the State Board of Health, and 2 by the Extension Division, State University.

The fact that every organization in Indiana has filled in a census form enables us to present this information before that of any other state. Miss Aline Mergy, State Census Representative for Indiana, has given us a great deal of assistance in the interpretation of local situations, in addition to the task of distributing and receiving the census forms.

POLICIES, PROBLEMS AND SUGGESTIVE DEVICES OF PUBLIC HEALTH NURSING SERVICES

(Our New Department)

PHYSICAL EXAMINATIONS FOR NURSES

In 1923 the Henry Street Visiting Nurse Service of New York City began a study of its turnover problem with the result that a sufficiently large number of resignations due to health conditions were found to focus attention on the need for physical examinations.

The question of a preliminary physical examination of nurses coming on the staff and of a yearly examination of members of the staff was thoroughly discussed. Before any plan of action was put into effect a request for information was sent to several of the large organizations in other cities. It was felt that excerpts from the interesting and valuable material received would be welcomed in the new department of the "Public Health Nurse."

Because of the stimulus received from the experience of the organizations quoted below, the Henry Street Visiting Nurse Service has arranged with a local health organization for initial examinations of the new nurses coming on its staff, made without expense to the nurse. Through the interest aroused from the results of these examinations the staff voted to have periodic health examinations, for which a nominal fee is charged, this expense being shared by the nurse and the organization. A selected group of physicians, with special experience in making *health* examinations, has been recommended by the medical member of the Board. The results have been very gratifying in that the nurses have begun checking up defects which might lead to serious impairment of their health, and a much livelier interest in health examination has been stimulated.

The following are excerpts from some of the replies received:

We require a health certificate from a physician, upon the admission of the nurse. . . . Afterwards, a yearly certificate. I have always felt that there should be an arrangement between our Board and a doctor, who would, perhaps, make a reduction for examinations, toward which our Board might pay something, but up to date, nothing has been done—*Visiting Nurse Association, Portland, Oregon.*

We do not require a physical examination of our nurses before coming on duty, nor do we require a yearly examination. The majority of the nurses on this staff are graduates of hospitals in Baltimore, and in case of illness or if a physical examination is required, we allow them to go to the physician under whose care they have been, subject to the approval of our Nursing Committee. However, we have reserved the right to ask a nurse to see a special physician before she is appointed on the staff, or any time afterwards that we think it necessary.

For the nurses who are not graduates of Baltimore hospitals and have no regular physicians we have special physicians to call upon.—*Baltimore Instructive Visiting Nurse Association, Maryland.*

For the past year we have insisted on a medical physical examination of the nurse before coming on the staff. This can be done by her own physician whether he is in town or out of town. However, if we are not satisfied with this report we have the privilege of asking the nurse to go to any physician we may choose. We do not require a yearly examination but can request it if the nurse's condition seems to warrant it. I believe yearly medical examination is coming, but we do not seem to be quite ready for it.—*Visiting Nurse Association of Cleveland, Ohio.*

Two years ago we made a yearly complete physical examination compulsory. This was done on the advice of our Medical Advisory Board. The staff nurses were given an opportunity to discuss the matter and there was no objection from any nurse. The first year the examinations were all made at the Diagnostic Clinic of the Buffalo City Hospital. When the report on each nurse was received from the hospital it was given to the nurse and if any defects were reported she was advised to see her own physician and have them corrected.

Last year we allowed the nurses to have the examination made by any physician or group of physicians they chose to employ, reserving the right to decide whether the report sent back was unsatisfactory or not sufficiently in detail. Any nurses who preferred the method of the previous year might go to the Diagnostic Clinic once more. The Medical Advisory Board went over the reports and decided that this year a special form shall be printed by the Association and given to the nurse to be used by the physician she employs. The forms are to be used in duplicate, the physician reserving one if he chooses to, and the other being returned to my office. I find that the staff prefers to have the examination made by physicians of their own choice rather than to be compelled to go to the City Hospital Diagnostic Clinic. The results were really just as good with the exception of the actual report. This is to be overcome this year by having a definite report drawn up by our own Medical Advsiory Board. In some instances the nurses had to pay for the examination.—*District Nursing Association, Buffalo, N. Y.*

This question was first put up to our Staff Committee composed of staff representatives from each branch. The staff voted unanimously that it should be yearly and compulsory. The supervisors also voted for it. The matter was then presented to the Nurses' Committee; from them to our Medical Advisory Committee, and then to the Board, all action taken by these various bodies being favorable. It was felt that for the first year at least the financial side should be borne by the organization. On the advice of our Medical Advisory Committee, therefore, we put in our 1924 budget a sum of $200 (increased next year to $400) as the fee for the medical examiner for the first year. No one thinks of this in terms of complete payment but rather as a retaining fee. The Medical Examiner chosen was nominated by the Medical Advisory Committee. Our medical history card is a combination suggested by the American Medical Association, and the Women's Health Foundation.

Our general scheme is this: Every nurse files with her application a medical history and a statement from her own physician based on a recent examination covering the main points of the yearly physical examination. Except in special instances, nurses during their first year are not expected to have the physical examinations. The organization, however, has the privilege of asking any nurse to be examined by the society's examiner during this year. Thereafter each nurse will have a yearly physical examination, as long as she remains on the staff. The nurses agree to follow out the suggestions of the medical examiner as to further special examinations or laboratory tests, choosing their own doctors for this purpose.

We have now almost finished the examinations for the whole staff with the most satisfactory results. Several potentially serious conditions have been nipped in their infancy—chiefly lungs and heart—but even more important than this is what has been accomplished in general hygiene of living. The nurses have coöperated splendidly in getting defects corrected—teeth, tonsils, etc.—following the directions of the doctor. Our plan has exceeded our wildest dreams in actual measurable accomplishments in the first year.—*Visiting Nurse Society, Philadelphia, Pa.*

Our plan for annual physical examination was worked out by a sub-committee of the Medical Advisory Committee, and with the assistance of specialists in group health supervision. The plan briefly is as follows:

The examination conforms in general to what is known as a "complete physical examination." Blood examinations, including blood smear and Wassermann test, is done only for special indications or upon request of the examinee. A standard record form is used. The complete record of history and physical examination is in possession of the examining physician. A small card, containing statement of physical condition of each examinee, is filed in the Central Office. The fee for the yearly physical examination is borne by the Association. The cost of special examination and treatment is borne by the examinee. Examinations are made by a single physician, a member of the staff of one of the large hospitals, and who is available for cases of illness for nurses who do not have a regular physician. Arrangements have been made with specialists in various branches whereby special treatment may be secured at a minimum and a fixed fee. The plan, after consideration by the staff council and by the supervisors, was unanimously accepted by the staff.

Results—The plan has been in effect for less than one year and therefore no general conclusions as to the real value of the service can be safely drawn. There is, however, a real satisfaction on the part of all of the nurses, and in a few instances great appreciation of a service which has meant a very definite and very marked improvement in their general health. The success is largely due to the fact that the examining physician has combined with his very thorough examinations a very personal interest in the individual nurse.—*Community Health Association, Boston, Mass.*

NOTE: Further information on this question will be printed in a later number.

STATE FAIR EXHIBIT OF MINNESOTA STATE BRANCH

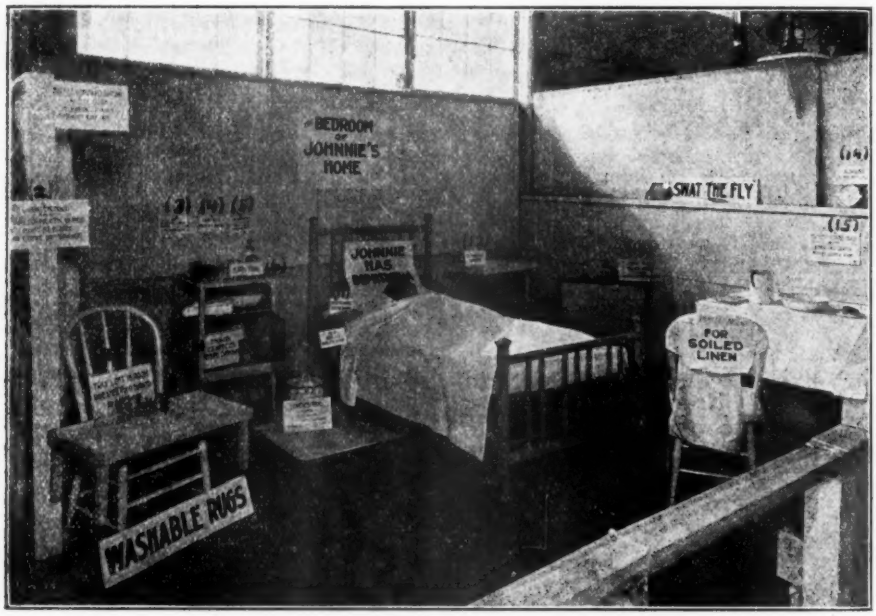
The State Organization for Public Health Nursing exhibited this year for the first time at the State Fair. The space allotted this organization adjoined an exhibit on the prevention of contagious diseases of the University of Minnesota Medical School, where diphtheria toxin antitoxin was emphasized. The State Organization for Public Health Nursing exhibit took the form of a "Contagious Disease Nursing" demonstration in a home where Johnnie had diphtheria. The first picture shows the bedroom.

The second picture shows the kitchen.

All furnishings and the wax figures were borrowed, leaving as the only item of expense to the organization $10.00, the cost of the very simple and plainly printed signs which contributed largely to the success of the exhibit.

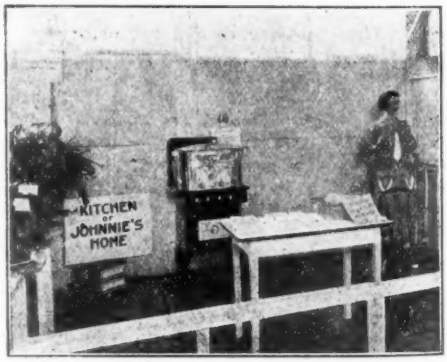
Public health nurses from the rural counties and from city organizations gave their time to assist in the booth, and explain to visitors anything not entirely understood.

The exhibit brought out many favorable comments from medical men, nurses, and other Fair visitors.



The smaller signs are reprinted below as numbered on the picture.

1. Mother wears apron in this room. It hangs up with soiled side out.
2. Uneaten food and soiled mouth wipes must be burned in stove or furnace.
3. Lemon Juice, Glycerine, Water } Equal parts
   For swabbing mouth.
4. Mouth wash. May be salt solution.
5. Thermometers in salt water after scrubbing with soap and water.
6. Bath tray.
7. Tray left in room. Uneaten food burned in paper bag.
8. Excreta disinfected before disposal.
9. Covered pail receives bath water, mouth wash solution, excreta from bed pan.
10. For soiled mouth wipe.
11. Mouth wipes must be burned.
12. Drinking water.
13. Home made back-rest used when doctor permits.
14. Scrubs three minutes by clock.
15. Mother scrubs hands (three minutes) with soap and water before leaving room.



1. Soak pillow case fifteen minutes in cold water before laundering.
2. Put used dishes directly into cold water. Must boil five minutes.

Hortense Hilbert, Division of Child Hygiene, State Board of Health.

A NOTE ON THE AMERICAN HOME ECONOMICS ASSOCIATION

The American Home Economics Association, now in its seventeenth year, is the national organization of professional home economists, and its general purpose is to promote better conditions of living in the home, the institution, and the community. The Association also helps the profession to present a united front and to make the public more fully aware that home economics as now understood is not merely cooking and sewing, but rather the application of modern science to the problems of the household, and that the larger work of home economists is to interpret for practical use the findings of research in food and nutrition, textiles and clothing, house planning and equipment, household management, home sanitation, and child care.

The majority of its seven thousand members are teachers in schools, colleges or universities, but there are also individual homemakers, institution managers, dietitians, extension workers, and specially trained women engaged in scientific or economic research, in various commercial enterprises, and in writing.

The special interests of different members are met in the work of the eight sections of the Association: Food and nutrition; home economics education; home economics extension; institution economics; textiles; home economics in business; related art; homemakers.

The executive secretary, Miss Lita Bane, devotes her full time to promoting the interests of the Association. She keeps in close touch with the state associations and develops coöperation between the Association and other bodies which, like the National Organization for Public Health Nursing, have interests close to its own. Miss Bane also represents the American Home Economics Association on the Woman's Joint Congressional Committee, through which much of the legislative work is done. Measures in which the Association is actively interested include the Home Economics Amendment to the Smith-Hughes Act providing funds for vocational education in home economics, adequate appropriations for the new Bureau of Home Economics in the U. S. Department of Agriculture and for home economics research in state agricultural colleges, bills to prevent fraud in textile fabrics, and the ratification of the Child Labor Amendment.

Among the special problems on which the Association is working are:

A program of child study which represents all phases of child care and management, as a fundamental part of training for homemaking and parenthood;

A careful study of the means by which home economics teaching can best discharge its responsibility for the promotion of health ideals and the development of cooperative relationships with other agencies in the health education movement;

The formulation of standards for home economics curricula of college grade;

Coöperation with educational institutions in developing courses to train home economists for newer types of positions in the business and professional world.

The Association publishes the monthly *Journal of Home Economics*, of which Helen W. Atwater is the editor, as its official organ and as a magazine of general interest to those concerned with the various phases of home economics. Fully half of the subscribers are not members of the Association. The interests of health workers, dietitians, institutions managers, and individual homemakers are considered in choosing its articles among which it has, for example, recently carried several describing the work and organization of city and school health campaigns.

The organization of the Association is mainly by states, membership in the affiliated state associations bringing with it membership in the national organization. The next annual meeting will be in San Francisco, August 1 to 6, 1925. The headquarters of the Association are at the Grace Dodge Hotel, Washington, D. C.

RED CROSS PUBLIC HEALTH NURSING

Edited by ELIZABETH G. FOX

THE FOURTH ANNUAL CONVENTION, AMERICAN RED CROSS

MINISTERS always have a text for their sermons. Do persons who write accounts of conventions have texts? Not being an experienced raconteur nor a qualified reporter, I honestly don't know, but as I think over the fourth annual Convention of the American Red Cross just adjourned, a part of President Coolidge's welcoming address persistently forms itself into a text—or a motif for the Convention report. Said he:

> I do not recall what sage it was who said that we keep only what we give. Perhaps it has been said, in different forms, by many. But whoever first enunciated that great truth had thought long and deeply; he knew life. He knew the temporary, transient nature of material things. He knew the longing of man for the light. A spiritual impulse of this kind is struggling for outlet in every human heart. It needs only some form of practical expression. "We keep only what we give"—"Some form of practical expression."

If you could have heard Colonel Pond's story of the Cleveland chapter's experience in the Lorain, Ohio, disaster; if you could have heard Alice Fitzgerald's story of the activities of the American Red Cross nursing service in foreign countries; if you could have "listened in" to the accounts of chapter activities so modestly but so enthusiastically told by Chapter people, you would have believed more firmly than ever that "we keep what we give."

If you could have "sat in" at the various service round tables where the ways and means of carrying on were discussed, you would have been impressed with the earnestness which brought seven hundred people together, all seeking "some form of practical expression."

President Coolidge, as President of the American Red Cross, welcomed the delegates and guests at the opening session Monday. The full text of his address appears in the *Courier* for October 11th, but it may not be amiss to include one or two excerpts here. After giving his definition of the Red Cross, he added, "It's the only organization that I have known that does any good by looking for trouble."

> The Red Cross idea (he continued) will develop as mankind develops. The ideals underlying civilization are the ideals of brotherly love, of tolerance, of kindness, of charity. Any departure from these is a reversion to a lower nature, to barbarism and darkness. The beauty of life lies in meeting whatever destiny awaits us, trusting one another, helping one another.
>
> . . .
>
> Of the willingness of the American people to stand behind their Red Cross, there can be no longer any doubt. The spirit of sacrifice can never be demobilized. I can think of no other single medium better able to translate into results our deep regard for the interests of humanity. It is with genuine satisfaction, therefore, that I welcome you here to this convention and act as your presiding officer.

The first evening session given over to the discussion of the foreign and Pan American service of the American Red Cross gave wings to one's spirit. The Red Cross was not just one's own small chapter in Iowa or New Jersey. The Red Cross was an international force, world-wide in its operations, unlimited in its horizon. Perhaps the biggest thrill for the nurses present came from Miss Fitzgerald's statement:

> The American Red Cross nurses are directly responsible for nursing development of one kind or another in at least twenty foreign countries. This is fine, but this is not all. These children of the Greatest Mother have done this, but the children of these children, the foreign nurses trained by our nurses or through their efforts, have carried our message to thirty-four foreign countries and thus has our Greatest Mother also become our Greatest Grandmother.

At the second morning session, each service director (War Service, Disaster Relief, Nursing, Public Health Nursing, Home Hygiene, Nutrition, First

Aid and Life Saving, and Junior) presented the outstanding problems of his or her particular activity. These five-minute discussions were welded together in a summarizing address by the Vice-Chairman in charge of Domestic Operations, proving the statement made at another session—"Just as the human hand is more than the sum of four fingers and a thumb, so the Red Cross is something more than the sum of all its parts." In part Mr. Fieser said:

We must not look upon our little town or our city or our state or our division as having boundaries which separate us from the rest of the country. When we do so we weaken our position.

In time of disasters and other emergencies we realize that the big cities nearby are a great source of comfort and support. We must, therefore, develop to an increasing degree that spirit of team-play which enables us to act in complete unison, from the national office through to the remotest Chapter or Branch. Chapter people can play a tremendously important part in bringing this spirit of comradeship about. . . .

The Red Cross has been a great training school for all of us. Its growth in the appreciation of the public is as much due to public confidence in our standards as it is to our promptness or to the emotional appeal of our work.

Miss Fox chose to discuss for her five-minute address the topic, "Red Cross Public Health Nursing at the Crossroads":

With regard to the future of public health nursing, the Red Cross has come to an important crossroad. Many chapter public health nursing services are now in their third or fourth year of development. A goodly number of chapters have been successful in transferring the service initiation by the chapter to the public officials to be maintained by public funds. More and more of the chapter services will be thus transferred as the months pass.

Shall Red Cross chapters be content with this initial demonstration of the value of public health nursing and gradually withdraw from this field as the responsibility for the work they have begun is taken over by the public?

Shall the Red Cross seize the greater opportunities which lie beyond their initial demonstrations and continue the leadership they have so far exercised with very fair success?

There are three roads from which to choose. Chapters which choose the first road will turn over their services to the public authorities at the earliest possible moment and will then withdraw entirely from activity in the public health nursing field. Chapters which take the second road will prefer to continue their services over a longer period in order to prepare the ground more thoroughly for public assumption of responsibility and management and will continue an active interest in and moral support of public health nursing after it becomes an official function. Chapters which take the third road will prefer to keep on with public health nursing, opening new fields from time to time as their first demonstrations are successively taken over and working vigorously to maintain public interest and to insure growth and excellence in public health nursing.

Which of these three roads a given chapter should take depends on the answers to three questions:

Is there a need for the chapter to continue in public health nursing?

Is the chapter strong enough to do it well?

Can the chapter secure the necessary funds?

These topics in turn were discussed at the two public health nursing round tables. For the few public health nurses present these round tables were a unique experience. Here were assembled approximately three hundred and fifty chapter people, discussing the pros and cons of public health nursing with keen insight and enthusiasm. These were not nurses' meetings. They were meetings of the supporters of the cause. One felt the deep faith, loyalty and genuine affection of the chapter people for their nurses, glimpsed how much the nurse's good services meant to the communities, heard and saw these lay people eagerly giving and receiving suggestions for more effective organization of their public health nursing and accepting their responsibility for it. The attitude of the chapter people was in itself an inspiration. That they in turn received inspiration from one another was illustrated by little incidents such as this: one chairman of Nursing Committee went straight from the meeting to wire the Chapter Chairman, "Increase nurse's salary. Tell her we will help more."

But to get to the topics and conclusions of the round table—the first question discussed was, "What is the future of Public Health Nursing in Red Cross Chapters?" and the answer in brief was:

The Red Cross chapter shall continue to promote public health interests throughout its territory—on some occasions by developing new phases of public health nursing by supplying another nurse when the first nurse or the second nurse is taken over by public support; on other occasions where additional nursing service is not needed, by developing some much needed public health service, pre-natal clinics or well baby conferences; and on all occasions working with public and private authorities as advisers and helpers and as promoters of efficient public health nursing and adequate public health measures through stimulating civic pride and developing a public conscience.

The second question considered the financing of services. "Ask and ye shall receive," said most of the delegates. The principal point developed was the wisdom of a well considered budget which should form the working basis for Roll Call efforts. Aside from intensive membership drives, the ways for securing funds which seemed most successful were special yearly contributions, the collection of fees and public subsidies. Among the unusual methods, lawn fetes, a cafeteria and a tea house were mentioned.

The topic, "What can chapters do to reduce the number of resignations of nurses?" was answered generally: "Take a human interest in the nurse; if she is too much engrossed by her 'job' to be sociable, dig her out, help her to see the need of social connections, help her to have them, do not let her overwork, give her the support of an active committee, take an interest and a hand in the work, and don't forever talk about the lack of funds and the difficulty in securing more."

The first question of the second round table provoked considerable discussion—"What are the responsibilities of the Nursing Committee?"

A division of responsibility which might be outlined as follows was agreed to:

(a) Nursing Committee and Nurse together shall—
- *1. Assume responsibility for the Nursing Service.
- *2. Plan the program of work and formulate the policy for its conduct.
- *3. Establish satisfactory relationships with the health authorities, school authorities and medical societies.
- *4. Build up an understanding of the work among the general public and a working organization of clubs and individuals to assist with the work.
- *5. Help to raise funds.
- 6. Hold regular meetings.
- 7. Find comfortable living quarters and friends.

(b) Nursing Committee shall—
- 1. Decide matters concerning the nurse's employment, as salary, vacation, sick leave and leave of absence.
- 2. Provide a suitable office, supplies, equipment, telephone and transportation.

(c) Nurse shall—
- 1. Keep the Committee constantly informed about the conduct of the work and secure its approval before new work is undertaken.
- 2. Observe the highest professional ethics and uphold the best standards of nursing technique and of case work.
- 3. Manage her work systematically and effectively.
- 4. Keep adequate records.
- 5. Conduct the service in a way to supplement and promote other work carried on by the chapter and by other health and social workers and agencies.
- 6. Protect the property of the chapter by economical and careful use of equipment.
- 7. Keep constantly informed of the latest developments in public health nursing.

Another question which aroused discussion was, "How should these committees be constituted?"

Agreeing that the representation should include men and women, public officials, representatives from medical and dental societies, town and country districts, the delegates added some personal requisites. "The committee members should be the busiest men in town," said one chairman of a very

* With the authority of the Executive Committee.

successful service. "I want only the keenest, most alive people in town on my committee," said another director who has a growing service. "I want real workers and no dead timber," said another, who added that public health nursing, related as it was to all the interests of community life, must be represented by and aided by the best that the community offered in order to give the most worth while service.

There was only a short discussion, because of the hour, on the topic, "What can be done to bring about regular and well attended committee meetings?"

Luncheon meetings were suggested, meetings in the branches during the months when roads were good; light refreshments, and definite assignments for work. In regard to this latter plan, the Chairman of a large chapter service reported that members of the committee (busy men) in rotation attended the branch meetings and spent a day in the field with the nurses.

Two outstanding features must be told of the general sessions. One is of the pageant of Wednesday night, the other the address, "Medical Service in Rural Communities," by Dr. Charles Emerson, Dean of Indiana College of Medicine.

The pageant was a visualization of the Red Cross contribution to education. The thread of the story is this:

Two school children about to play truant are accosted by Education,—"Know you not that the school from which you flee is packed with more treasures than Aladdin's cave of your fairy tales?" And then before their astonished eyes appear: Chinese men bringing to Education printing and paper, Hindu lads bringing the numerals, Phoenicians bringing the alphabet, children of Israel bringing "The Sacred Word," Greeks and Romans bringing philosophy, law, history, sculpture, architecture, drama, poetry, and a kindergarten teacher with her little flock bringing the gift of Germany, the kindergarten. The children, much impressed, are about to start back to school when Red Cross appears, asking if she may add her gift to Education's treasures. Education asks what it may be, and Red Cross replies, "The Spirit of Service who comes from the heart of God and seeks entrance into the heart of the world." Then at Education's request Red Cross reveals to him and to the children the part her gift may play in child life. Because of the Spirit of Service, school children learn and use first aid, they seek the guidance of the public health nurse in their efforts to become fit for service, they learn Home Hygiene and Care of the Sick, study nutrition, practice life saving, and through the Junior Red Cross find opportunities for knowing, loving and serving other children. Education accepts the gift of Red Cross "for the school children of America."

No hasty telling can picture the pageant. Happy children "romping at recess" portrayed the Red Cross activities in the school, the Spirit of Service personified by a fairy-like child in their midst but quite unrecognized by them. Picture American Juniors grouped on one side of the stage, foreign Juniors in gay native costumes carrying their countries' flags on the other, with the little Spirit of Service, arms outstretched, uniting the two, Red Cross brooding over them all. Such was the pageant.

HELEN TEAL.

DEFENSE DAY

Red Cross nurses will be proud of the record made on Defense Day, September 12th. There are 41,000 nurses enrolled in the A.R.C. Nursing Service. Of these, 28,000 are on the active list. Reporting on Defense Day were 24,916, approximately 90 per cent of the nurses eligible for active duty.

Concerning this remarkable record, Major Julia Stimson, Superintendent of the Army Nurse Corps, wrote Miss Noyes, the Director of the A.R.C. Nursing Service:

> "The Surgeon General has asked me to express to you his very great gratification and delight at the splendid response to the Defense Day Test that was made by the reserve nurse force of the country. He took particular pains to tell General Pershing in person of the remarkable result of the Roll Call of Red Cross nurses. Once more the Army has been shown the preparedness and loyal patriotism of the nursing profession. We have had one more demonstration that when the need comes nurses can be depended upon and our great expectation and confidence has not been disappointed."

REVIEWS AND BOOK NOTES

THE POLICEWOMAN—HER SERVICE AND IDEAS

By Mary E. Hamilton

F. A. Stokes Company, New York, 1924, $1.50

This is a well written and spirited report of a comparatively new activity for women. The casual reader will find in it a clear and concise story of the work of the policewoman, with the emphasis laid on the difficult handling of the human element always present in the cases brought to her attention. The reader with some knowledge of social and welfare work will find in it a wealth of possibilities and will probably be astonished to read of the important achievements of this new service. The business woman, the nurse, the college graduate with tendencies towards social work, the lawyer and others will not only absorb with deep interest every one of the 200 pages but will be able to read between the lines the wonderful possibilities for service to women, girls and children offered by this new branch of activity for women workers.

"The Policewoman" gives the reader an excellent idea of the organization and administration of the department, the duties of the policewoman, the qualifications necessary for success, the many different phases of the work, the endless opportunities for serving women, girls, and children, and the possibilities for development of this important preventive and protective work.

All nurses will be interested in Mrs. Hamilton's book, and perhaps some may seriously consider the possibilities of this new service. None can fail to see the similarity between the efforts of the public health nurse in preventive and protective work and that of the policewoman.

The public health nurse and the policewoman approach the family from very different angles. The field of each worker is a distinct and separate one with no competition or duplication, still the one may be so closely connected with the other that it may take both workers to completely succeed in rehabilitating an individual or family.

ALICE FITZGERALD.

The Journal of Social Hygiene for June, 1923, contains an excellent article by Henrietta Additon on "The Functions of Policewomen."

FOOD AND HEALTH

By Inez N. McFee

Thomas Y. Crowell, New York, 1924, $2.50.

The author of this volume announces it as "A friendly informal talk about calories, vitamines, and some other good friends of ours." The volume shows that she believes we have many good friends in the food world, closely related to health. She also gives space to the discussion of the different "food groups," "why food is cooked," "what a balanced ration means," a chapter upon "beverages and ices," "condiments and leavening agents," and closes with a short dissertation on the "comparative cost and value of food, and food preservation." The appendix gives the "Average Composition of Common American Food Products" from the U. S. Department of Agriculture, and Dr. Langworthy's "Food Charts." The food and health theme is combined in each chapter in such a way that the housewife searching for a recipe will probably read a good deal pertaining to health, while one interested in health may unexpectedly find herself reading of the preparation of foods.

"Food and Health" makes easy, interesting reading. Mrs. McFee herself affirms that it is neither a textbook nor an intended contribution to science, but rather an attempt to clothe in popular language gleanings from scientific sources.

BERTHA B. EDWARDS

The Council of the College of Nursing, Cavendish Square, London, England, has appointed a nurse editor of the Quarterly Bulletin. Miss Hester Viney, the new editor, is the Honorable Secretary of the Public Health Section of the College of Nursing.

The Organization of a Nutrition Service is a recent publication of the American Red Cross. The Nutrition Program is described; the organization of a Chapter Nutrition Service; Finance and Suggestions for Stimulating interest—a useful and well put together pamphlet.

The New York Association for Improving the Condition of the Poor has just published a Four Year Report of a preventive dental program for school children in the Mulberry District. This report is entitled *Community Oral Hygiene* and contains a description of the need for organized dental work, the plan decided upon, and an analysis of the results of the four years' demonstration.—May be obtained from the Association, 105 East 22nd Street, New York City.

Foster Home Care for Dependent Children is a recent publication of the Children's Bureau. It contains chapters on the development of Child Training in the United States: Conserving the Child's Parental Home; The Essentials of Placement in Free Family Homes; The Child in the Boarding Home; Special Problems Involved in Foster-Home Care; The Work of a State-Wide Child-Placing Organization; The Development of Placing-Out Work by Institutions; Safeguarding the Dependent's Child's Mental and Physical Health; The Relation Between Social Work with Families and Child-Caring Work; Cooperation Between the Children's Agency and Other Community Resources; State Supervision of Placing-Out Agencies; also appendices—one of which gives a list of selected books and pamphlets on child care and training. A valuable and comprehensive pamphlet. Government Printing Office, Washington, D. C. Price 30 cents.

Nutrition Work for Preschool Children, by Agnes K. Hanna. This is a report of an analysis of the findings of a field survey made by the Children's Bureau in 1923 in the methods of conducting nutrition work for children in nine middle-western and eastern cities, and in three rural districts. An interesting and illuminating report. Government Printing Office, Washington, D. C. Price 5 cents.

In connection with Dr. Wild's "The Nurse's Part in the Control of Cancer," which appears in this issue of the magazine, this would seem a propitious moment to comment on a book on cancer which has attracted the attention of physicians both here and abroad because of its content matter. We are reprinting herewith excerpts from reviews by authorities on cancer which have appeared in the foremost medical magazines on *"Cancer, How It is Caused; How It Can Be Prevented,"* by J. Ellis Barker, an English journalist. The book is published by E. P. Dutton & Co.

To those who are most learned in the phenomena of cancer, the cause of the disease is a matter of surmise. . . . No one of recognized standing has come forward to say that he knew the cause, or how the disease could be suppressed. . . .

In spite of the fact that the book is loaded, not to say overloaded, with long quotations, most of which are arguments against what Sir W. Arbuthnot Lane has called intestinal stasis, but which is universally known by English-speaking people as constipation—against food preservatives, against the over-refinement of food preparations, against gasoline fumes, the use of tar on roads, the habit of consuming too exclusively a diet of cooked food, against a sedentary life, and against many other things which seem to be inseparable from modern civilization—in spite of all this, the author cannot be said to have advanced the subject of cancer control in any way.—*George A. Soper, Ph.D., Managing Director of the American Society for Control of Cancer, in the American Journal of Public Health.*

He neglects entirely researches that

have been made both in Great Britain and in this country, which show that no vitamin of which we have knowledge at present has any direct influence on the cause of cancer, . . .

. . . this is in no sense to be recommended as a suitable book for laymen interested in cancer. . . . A book such as this by Mr. Barker will, instead, incline the lay reader to believe that his cancer may be prevented or its growth deterred by eating proper vitamins or practicing good personal hygiene. There is not the slightest scientific evidence to warrant such a belief at the present time; this book can be considered only as a pernicious and harmful piece of literature.—*Journal of the American Medical Association.*

Mr. Barker has a reply to every objection that can be made, but his conclusions are seldom supported by facts.—*Hygeia.*

Mr. Barker's book is full of misstatements, exaggerations, unwarranted assumptions and untrustworthy conclusions. . . . The chapter on "The Horror and Mystery of Cancer" is atrociously overdrawn and highly emotional. . . . Cancer is not the "despair of the scientists." On the contrary it is a very lively and progressive field in medicine, in which fundamental facts of the first importance have been discovered in the last twenty-five years, and much information of great practical value has been obtained, especially relating to causation and treatment. . . . An emphatic protest must be entered against Mr. Barker's attempt to show that cancer is not caused by irritation. This is the most practical fact known about cancer, and one with which the public should become thoroughly familiar.—*Dr. James Ewing in the New York Herald.*

Social Pathology, U. S. Public Health Service, Volume 1, No. 4, contains two good articles dealing with the question of prostitution—"Sex Education in the Home," by Amy C. Ransome, and "Prostitution and Mental Hygiene," by Dr. Wm. A. White. Mrs. Ransome's article we especially commend to our readers.

The report for 1923 of Queen Victoria's Jubilee Institute for Nurses presents these figures: In England, Scotland, Ireland, and Wales, 2,233 "Queen's Nurses" were working.

In addition, "Village Nurses and Midwives" working in connection with the Institute were 3,479.

We learn from the *British Journal of Nursing* that Scottish nurses in Highland districts are to be equipped with motorcycles. The Scottish Board of Health has made special grants to some of the nursing associations for this purpose, with the belief that motorcycles will be less fatiguing than the use of the ordinary bicycle. We wish *we* could be a Highland public health nurse!

Carrots by Any Other Name Would Taste as Sweet

If we eat green beans,
Patola, mongo and camatis;
They will taste nice and sweet.
Health and beauty we will meet.
The Nurses' Exchange, Manila, P. I.

With our Sunday papers full of pictures of young women "champs" in apparently the pink of condition, as disclosed by attire not so much lost as left behind, we realize that "Athletics for Women" is assuming national importance. No longer does Jane look with awe on brother Bill's achievements in the world of sport. Isn't she on her own school team, proudly wearing an initial on her sweater? And has not the Federal Government recognized and sanctioned this trend of our times? *"Athletics for Women"* is a recent pamphlet issued by the Bureau of Education which discusses the welfare of women and girls in relation to games and sports. It is encouraging to learn that answers to a questionnaire brought out "approval of games in general as beneficial not only to the health of girls, but to disposition and character as reflections of health."

The pamphlet prints the Resolutions of the Women's Division of the National Amateur Athletic Federation of America. The Resolutions, it is hoped, will serve as a guide to heads of schools and others interested in the participation of girls in school sports. Nurses interested in Miss Perrin's article on "Nurses and the Physical Education Program" in this number will also be interested in this four page pamphlet, —Government Printing Office, Washington, D. C., 5 cents.

The New York Heart Association, the simplified name of the organization known until this spring as the New York Association for the Prevention and Relief of Heart Disease, is now issuing a bulletin. Three numbers have already been published, and the little pamphlet will in future come out every other month. It can be obtained by writing to the office of the Association, 370 Seventh Avenue, New York City.

We also call attention to the small pamphlet issued by the Association, *Organized Care of Heart Disease,* which gives in charted form the points necessary to bring out in presenting the value of organized care to individuals or communities. This may also be had from the Association office.

PURE AIR

(From a book of Children's Poetry, "Songs for the Little Ones at Home." Published in 1852 by the American Tract Society.)

Throw open the window, and fasten it there,
Fling the curtain aside, and the blind,
And give a free entrance to heaven's pure air,
'Tis the life and the health of mankind.

Are you fond of coughs, colds, dyspepsia and rheums,
Of headaches, and fevers and chills?*
Of bitters, hot drops, and medicine fumes,
And bleedings and blisters and pills?

Then be sure when you sleep that all air is shut out,
Place, too, a warm brick at your feet,
Put a bandage of flannel your neck quite about
And cover your head with a sheet.

But would you avoid all forms of disease
Then haste to the fresh open air,
Where your cheek may kindly be fanned by the breeze,
'Twill make you well, happy and fair.

Then open the window and fasten it there,
Fling the curtain aside and the blind,
And give free admission to heaven's pure air,
'Tis life, light and joy to mankind.

*The name of a very recent book of verse—one of the most modern of the moderns—is "Chills and Fever" by John Crowe Ransom. A fascinating book, too. "Here Lies a Lady" is one of the poems and here is one of the verses:

Here lies a lady of beauty and high degree.
Of chills and fever she died, of fever and chills,
The delight of her husband, her aunts, an infant of three,
And of medicos marveling sweetly on her ills.

The Scales—The Part They Play in the Child Health Program is a recent reprint issued by the American Child Health Association, 370 Seventh Avenue, New York. The pamphlet also includes a brief statement by Dr. L. Emmett Holt on "Weighing and Measuring." Price 15c.

The Journal of the American Medical Association is publishing a series of articles on *Glandular Therapy,* prepared under the auspices of the Council on Pharmacy and Chemistry. The introductory article by Frank Billings, M.D., appeared in the September 27th number. The series will be published, when complete, in pamphlet form.

A comprehensive article on "*Developments in the Field of Mental Testing,*" by Helen Dolan, is published in U. S. Public Health Service Reports, Oct. 3, 1924 (Vol. 39, No. 40). The article takes up the origin and principles of the tests—the development of methods, and gives much valuable information simply told. We do not know of anything in this subject so brief and so intelligible to the ordinary individual—such as ourselves. Government Printing Office, Washington, D. C.; price 5 cents.

An interview with Miss J. B. Patterson is reported in the *British Journal of Nursing.* Miss Patterson is an English nurse who has been associated for three years with Dr. Truby King in New Zealand, and is an ardent exponent of the "Truby King" methods of child welfare, one of the tenets of which is persistent advocation of breast-feeding. Miss Patterson has been touring South Africa in the interests of child welfare and is now in England, representing New Zealand Child Welfare. We quote the concluding sentence of the interview as reported:

I left this country convinced of the sanity and simplicity of the New Zealand system, and, having seen it working all over the

globe, I return more convinced than ever that, be the baby a South Sea Islander (where I spent two months in 1922), or be he a South African, a New Zealander, or a Pole, he must be reared as a human infant, and now as the young of any other animal, and especially not as the calf.

The *South African Record* recently offered a prize for the best article on "Humour in Nursing."—We look forward to reading the prize contribution.

We hope everyone who wishes to revisualize the horrors of war, and by so doing be fortified in desire to avoid the repetition of these horrors, will go and see the new play, "What Price Glory," by Maxwell Anderson and Lawrence Stallings, now being presented in New York.—We also hope it will "go on the road."

The Connecticut State Department of Health has recently published a four page leaflet, *Guidance for Public Health Nurses*, which has been approved by the House of Delegates of the Connecticut State Medical Society—brief, concise and helpful.

The Public Health Nurse—What She Is and What She Does, is another recent publication of the Department. We quote the synopsis on the first page.

A public health nurse is a graduate registered nurse.

She has had special post graduate training in public health nursing.

She is a skilled bedside nurse.

She carries out modern scientific ways to prevent disease:

By coöperation with the health officer in preventing the spread of communicable diseases;

By teaching the individual the value of early medical care by a physician;

By recognizing early symptoms of an existing disease;

By giving bedside nursing when necessary;

By teaching the laws of health and personal hygiene.

A pamphlet on *Doctors Orders* is being prepared and will shortly be ready.

The last six volumes of the National Health Series of twenty books are now ready.

Adolescence; Educational and Hygienic Problems. By Maurice A. Bigelow, Ph.D.

Exercises for Health. By Lenna L. Meanes, M.D.

The Child in School; Care of Its Health. By Thomas D. Wood, M.D.

The Health of the Worker; How to Safeguard It. By Lee K. Frankel, Ph.D.

Home Care of the Sick. By Clara D. Noyes, R.N.

Your Mind and You; Mental Health. By George K. Pratt, M.D.

Funk & Wagnalls Company, 354 Fourth Ave., New York City. Price, 30 cents.

NEW REPRINTS

Obtainable from The National Organization for Public Health Nursing, 370 Seventh Avenue, New York City.

	Price
Dental Hygiene for Nurses. By William R. Davis, M.D. (A series of articles which were recently published in the magazine.)	15c
The Care of the Tuberculosis Patient in the Home. By Agnes H. Conway.	10c
Volunteers of the Infant Welfare Society of Philadelphia. By Helen Chesley Peck.	10c
Opportunities and Responsibilities for Lay Persons in Public Health Nursing. By Gertrude W. Peabody	20c
Ask Yourself These Questions. By H. A. Pattison, M.D.	5c
Simple Goiter—A Symposium. By Hart Davis, M.D.	10c
The Public Health Nursing Supervisor, Her Functions and Ideals. By C.-E. A. Winslow	15c
Difficulties Encountered by Boards of Directors of Visiting Nurse Associations. By Agnes T. Marvin	10c
The Nurses' Part in a Breast Feeding Campaign. By Helen Chesley Peck.	10c
What Is Supervision? By Katharine Tucker	20c
Nursing Care of Acute Stage of Infantile Paralysis. By Bertha W. Weisbrod	15c
A Nurse in a Tobacco Factory. By Laura E. Black	15c
Communicable Diseases. By Charles P. Emerson, M.D.—together with	
Report of Special Meeting on Communicable Disease. Alta E. Dines.	
Meeting the Demands for Community Health Work. By William J. Norton.	
Health Education from the Standpoint of Nutrition. By Flora Rose.	

A revised price list of reprints is now ready for free distribution to anyone desiring it. It can be obtained by writing to headquarters.

NEWS NOTES

The British Labor Government conferred honors on two prominent women Child-Welfare workers. Dr. Janet Campbell has been made a Dame of the Order of the British Empire—Dr. Margaret Balfour, Chief Medical Officer to the Women's Medical Service of India, has been made a Commander of the Order.

The Los Angeles Nurses' Club has recently completed its own clubhouse, a beautiful building of four stories and basement Colonial style architecture. This is the consummation of the dream of the women who formed the "District No. 5" club, who in 1921 became the first members of the Los Angeles Nurses' Club. Much of the credit for the work accomplished is due to Mrs. Clara S. Lockwood, a member of the N.O.P.H.N. board, according to Mrs. Ella G. Dietrick, president of the club, who describes the plans and financing of the clubhouse in the October issue of the *Pacific Coast Journal of Nursing*. The California Alumnæ gave the club their private registry.

In the architect's description of the clubhouse, we read that it contains approximately one hundred guest rooms and kitchens with varied combinations of suites, pleasant parlors, an imposing lobby, an auditorium, and an inclosed garden. The restaurant will supply meals directly to apartments. Miss Agnes G. Talcott was chairman of the building committee.

Mrs. Alice St. John, principal of the School for Nurses, St. Luke International Hospital, Tokio, Japan, has just returned to Tokio after a visit to this country. Mrs. St. John gave the N.O.P.H.N. the pleasure of seeing her, and we understand that education in public health work for her students is to be planned as soon as possible. The school at the International Hospital is the only one in Japan conducted along hospital lines and with standards as recognized in this country. It has roused much interest in the Sanitary Bureau of the Police Department and in the Department of Education.

After eight years as editor and business manager of *The Canadian Nurse*, Miss Helen Randal has tendered her resignation. The magazine office has been transferred to the headquarters of the Canadian Nurses Association, 609 Boyd Bldg., Winnipeg. Miss Jean S. Wilson is the Acting Editor and Business Manager.

During the past few months there have been several shifts in locale among members of the Red Cross Nursing Service.

In September, Miss Mary K. Nelson, after three and one-half years of devoted service to the New England Division, resigned as Director of Nursing in order to become the Director of Nurses, American Hospital, Constantinople. Miss Virginia Gibbes, but recently returned from three years as Director of Nursing for the Philippine Islands Chapter, became the New England Director on October 1st.

In August, 1924, Miss Elinor Gregg, who was assigned in November, 1922, to Rosebud Reservation to develop public health nursing, resigned to become "Supervisor of Field Nurses and Field Matrons" for the Indian Bureau. Into this vacancy, about November first, will step Miss Rose Schaub, who has just returned from Porto Rico, where she served as Director of Nursing for the Porto Rico Chapter.

One of the largest sums ever offered for negro education is the $1,000,000 pledged by John D. Rockefeller through the General Education Board, on condition that another $1,000,000 be raised for the same purpose from other sources. The Board has been making an annual grant of $50,000 for this work. When available the fund

will be given to the Hampton Normal and Agricultural Institute and the Tuskegee Normal and Industrial Institute.

The United States Civil Service Commission announces an open competitive examination for graduate nurses who may wish to enter the Indian Service. Applications will be received until December 30. The entrance salary in the Indian Service is $1,500 a year. Furnished quarters, heat and light are provided free of charge.

The news note appearing on page 555 of the October issue of THE PUBLIC HEALTH NURSE is in error in that the contemplated plans for cooperative work in Illinois with the State Department of Health, and several women's clubs and the American Child Health Association were not finally consummated and therefore no work was undertaken.

The present address of the Boston Tuberculosis Association is 25 Huntington Avenue, Boston, Mass. It was incorrectly given in the September issue of THE PUBLIC HEALTH NURSE as 3 Joy Street.

Miss Elizabeth Murphy sailed September 11 for public health work with the Refugee Village Coöperative Association, Saloniki, Greece.

Miss Edith Granger, formerly Assistant Superintendent of the Brooklyn Visiting Nurse Association, has been appointed Director of the Orange (N. J.) Visiting Nurse Association.

Miss Mary Jane Heitman, formerly director of a teaching center in school nursing work in St. Louis, has been appointed Chief Nurse of the United States Public Health Service in St. Francois County, Flat River, Missouri.

Miss Jessie Prisch has resigned her position of Health Teacher in Pleasantville, N. Y., and has been made Health Supervisor in the New Paltz (N. Y.) Normal School.

Miss Ethel S. Bush, who secured her degree of B.S. from Columbia University in June, has accepted a similar position in the Potsdam (N. Y.) Normal School.

Miss Margaret Farquhar has been appointed Consultant in Maternity and Infancy Work in the New York State Department of Health. Miss Farquhar was formerly Director of Nurses of the Judson Health Center, New York City.

Miss Margaret Tupper, formerly director of the Public Health Nursing Course at the University of Pittsburgh, is serving temporarily at the Yale University School of Nursing. She will go abroad the first of the year to work under the Rockefeller Foundation.

Miss Marie Swanson, until recently Health Supervisor in the New Paltz (N. Y.) Normal School, has been made Assistant Director of Health Activities in the city schools of Tulsa, Okla.

Miss Rosamond Praeger, who recently accepted the position of Supervisor of Pre-School Work in the Minneapolis Infant Welfare Society, has been granted a fellowship for special study at Columbia University.

NOTES FROM THE STATES

Illinois

A series of lectures in medicine and industry will be held this fall in Chicago under the auspices of the American Association of Hospital Social Workers, Illinois District. Speakers and subjects will be Professor Arthur J. Todd, Health and Employment; Dr. Paul B. Magnunson, Prevention and Treatment of Industrial Accidents and Diseases; Dr. Walter W. Hamburger, Cardiac Disease and Industry; Dr. Homer K. Nicoll, Venereal Disease as it is Related to Industrial Problems; Dr. James E. Britton, Tuberculosis in Occupation; Dr. Harry E. Mock, Rehabilitation of the Physically Handi-